I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Authorized Person(s) Detail :					
	Title	MGRM	Title	MGR	
	Name	LISII, SERGHEI	Name	IURAS, ION MGR	
	Address	1046 COCOBOLO DR	Address	1046 COCOBOLO DR	
	City-State-Zip:	SANTA ROSA FL 32459	City-State-Zip:	SANTA ROSA FL 32459	

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

# SANTA ROSA FL 32459

**Current Principal Place of Business:** 

Entity Name: 2 SERGHEI FLOORING LLC

1046 COCOBOLO DR

### **Current Mailing Address:**

DOCUMENT# L14000194146

1046 COCOBOLO DR SANTA ROSA FL 32459 US

## FEI Number: 38-3951474

#### Name and Address of Current Registered Agent:

LISII, SERGHEI 1046 COCOBOLO DR SANTA ROSA FL 32459 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

# Authorized Person(s) Detail ·

SIGNATURE: SERGHEI LISII

nd that my name appears above, or on an attachment with all other like empowered.

MGRM

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

12/05/2018

Date