

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013636

FILED
Apr 14, 2004
Secretary of State

Entity Name: FLOOR WORX, LLC

Current Principal Place of Business:

21113 JOHNSON STREET
114
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

21113 JOHNSON STREET
114
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1053252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BADELL, JATNIEL L
21113 JOHNSON STREET
114
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ARDILA, HERNANDO
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: BADELL, JATNIEL L
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: RIVIERE, ARMANDO
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: RIVIERE, ADRIANA
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: PAZOS, FLORA
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: VALOIS, JUAN
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: FLORA PAZOS

MGR

04/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date