

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013193

FILED  
May 11, 2007  
Secretary of State

Entity Name: FLORIDA FLOOR CARE CENTERS, LLC

**Current Principal Place of Business:**

2454 MCMULLEN BOOTH RD  
#308  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

4509 MCCULLOUGH  
SAN ANTONIO, TX 78212

**New Mailing Address:**

7460 REINDEER TRAIL  
SAN ANTONIO, TX 78238

FEI Number: 59-3736123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TIMMONS, ROBERT L  
4509 MCCULLOUGH  
SAN ANTONIO, FL 78212      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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOSSBACHER, STEVE  
Address: 4 SUGAR HILL CT.  
City-St-Zip: MANCHESTER, MO 63021

Title: MGRM ( ) Delete  
Name: TIMMONS, ROBERT  
Address: 21117 HARVEST HILLS  
City-St-Zip: SAN ANTONIO, TX 78258

Title: MGRM ( ) Delete  
Name: PETERS, ALBERT  
Address: 14 BROOKLINE DR.  
City-St-Zip: AIKEN, SC 29803

Title: MGRM ( ) Delete  
Name: HOGWOOD, PENNY  
Address: 224 COUNTY ROAD 515  
City-St-Zip: COMO, MI 38619

Title: MGRM ( ) Delete  
Name: COWARD, JIMMY  
Address: 17804 SUSAN RIDGE  
City-St-Zip: WILDWOOD, MO 63038

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOSSBACHER, STEVE  
Address: 716A CROWN INDUSTRIAL COURT  
City-St-Zip: CHESTERFIELD, MO 63005

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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT TIMMONS

MR

05/11/2007

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