2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013193

Entity Name: FLORIDA FLOOR CARE CENTERS, LLC

FILED Jul 12, 2008 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
2454 MCN	MULLEN BOOTH RD			
#308	ATED EL 22750			
	ATER, FL 33759			
Current Mailing Address:		New Mailing Address:		
	IDEER TRAIL ONIO, TX 78238			
In accordan	ce with s. 607.193(2)(b), F.S., the limited liability company d		ne prior notice.	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
TIMMONS, ROBERT L 4509 MCCULLOUGH SAN ANTONIO, FL 78212 US		7460 REIN	TIMMONS, ROBERT L 7460 REINDEER TRAIL SAN ANTONIO, FL 78238 US	
	e named entity submits this statement for the purpose e of Florida.	e of changing	its registered office or registered agent, or both	
SIGNATURE:		07/12/2008		
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete MOSSBACHER, STEVE 716A CROWN INDUSTRIAL COURT CHESTERFIELD, MO 63005	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition MOSBACHER, STEVE 716A CROWN INDUSTRIAL COURT CHESTERFIELD, MO 63005	
Title: Name: Address: City-St-Zip:	MGRM () Delete TIMMONS, ROBERT 21117 HARVEST HILLS SAN ANTONIO, TX 78258	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete PETERS, ALBERT 14 BROOKLINE DR. AIKEN, SC 29803	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete HOGWOOD, PENNY 224 COUNTY ROAD 515 COMO, MI 38619	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete COWARD, JIMMY 17804 SUSAN RIDGE WILDWOOD, MO 63038	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 MGR 07/12/2008