


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90026 026 \*\*\*138.75

**DOCUMENT # L02000025813**

1. Entity Name  
**ULTIMATE FLOORS, L.L.C.**



Principal Place of Business <b>SUNRISE CORPORATE PLAZA ONE          1300 SAWGRASS CORPORATE PKWY, STE. 300          SUNRISE, FL 33323-2804</b>	Mailing Address <b>SUNRISE CORPORATE PLAZA ONE          1300 SAWGRASS CORPORATE PKWY, STE. 300          SUNRISE, FL 33323-2804</b>
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**00030310**



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04142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>32-0045267</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GALLOWAY, AMY J ESQ.  
~~1700 EAST LAS OLAS BLVD, PENTHOUSE 1~~  
~~FT. LAUDERDALE, FL 33301~~  
**110 SE 6TH STREET**  
**15TH FLOOR**  
**FORT LAUDERDALE, FL 33301****

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BULLINGTON, DOUGLAS W 1300 SAWGRASS CORPORATE PARKWAY, STE. 300 SUNRISE, FL 333232804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROMER, KEVIN 1300 SAWGRASS CORPORATE PARKWAY, STE. 300 SUNRISE, FL 333232804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCELL, CARIDAD 1300 SAWGRASS CORPORATE PARKWAY, STE. 300 SUNRISE, FL 333232804
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Caridad Sanchez* 4-14-08 954-331-4812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #