2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L03000013508

1. Entity Name

BOTTICELLI FLOORING, LLC

Principal Place of Business	Mailing Address
9800 W BAY HARBOR DR 312 BAY HARBOR ISLAND FL 33154 US	9800 W BAY HARBOR DR 312 BAY HARBOR ISLAND FL 33154 US
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE   CR2E083 (10/04)

4. FEI Number 90-0068536	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
QUARANTA, LAURA 9800 W BAY HARBOR DR 312 BAY HARBOR ISLAND FL 33154	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

9. MANAGING MEMBERS / MANAGERS		**10. ADDITIONS / CHANGES**	
TITLE **MGRD** NAME **DUTTICE, PABIS** STREET ADDRESS **1001 91 ST** CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**	☐ Delete	TITLE _MANAGER_ NAME _Buttice Pablo_ STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   04/14/05   305-305-6776

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