2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 16, 2006 08:00 AM Secretary of State DOCUMENT # L03000045006 WALLACE FLOOR COVERING, L.L.C. Principal Place of Business Mailing Address 7138 TOTEM AVENUE 7138 TOTEM AVENUE NORTH PORT FL 34286 NORTH PORT FL 34286 2. Principal Place of Business 3. Mailing Address Suite, Apt. If, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 20-0400765 Not Applicat Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTS, GREGORY C 341 WEST VENICE AVENUE Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34285 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Suprature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE Delete ☐ Change Adda: WALLACE, RICHARD N NAME NAME STREET ADDRESS STREET ADDRESS 7138 TOTEM AVENUE *0000001435930* CITY-ST-ZIP NORTH PORT FL 34286 C177 - S7 - Z1P <u> 02/27/06-80013-013_50.00</u> ☐ Delete 31735 Change NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-71P CRTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Design NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P City-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Acc. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Ativition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 3315 ☐ Change A.m. NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath; 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.

FILED

2/12/06

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