

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000046371**

1. Entity Name  
**MAISE FLOORING, LLC**



Principal Place of Business  
**1810 LAKE ARIANA BLVD.  
AUBURNDALE, FL 33823 US**

Mailing Address  
**1810 LAKE ARIANA BLVD.  
AUBURNDALE, FL 33823 US**



01172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-3694587**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MAISE, RICHARD L  
1810 LAKE ARIANA BLVD.  
AUBURNDALE, FL 33823**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000622620  
02/13/07-80033-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MAISE, RICHARD L  
1810 LAKE ARIANA BLVD.  
AUBURNDALE, FL 33823**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MAISE, STACY A  
238 24TH STREET  
WINTER HAVEN, FL 33880**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MAISE, RAE  
1810 LAKE ARIANA BLVD.  
AUBURNDALE, FL 33823**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1-31-07 8632070390**