

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000046371</b>	
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



01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 38-3694587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MAISE, RICHARD L 1810 LAKE ARIANA BLVD. AUBURNDALE, FL 33823	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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

**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	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	

U000000861570  
04/03/08-80014-014 138.75

**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 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

3.14.08