


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L03000047574 1. Entity Name A AND S FLOORING LLC	
---	---

Principal Place of Business 2216 BERKSHIRE DR. TALLAHASSEE, FL 32304	Mailing Address 2216 BERKSHIRE DR. TALLAHASSEE, FL 32304
--	--

DO NOT WRITE IN THIS SPACE



03282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1900381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTES, STEPHEN  
 2216 BERKSHIRE DR.  
 TALLAHASSEE, FL 32304

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTES, STEPHEN 2216 BERKSHIRE DR. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTES, AL PO BOX 131 WACISSA, FL 32361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

U00000759876  
 05/24/07-80059-014 50.00

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: Stephen Estes Stephen Estes 4-14-07

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