

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047657

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: LEO A. ACHONG FLOOR COVERING LLC

## Current Principal Place of Business:

110 BOMAR COURT #102  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

110 BOMAR COURT #102  
LONGWOOD, FL 32750 US

## New Mailing Address:

FEI Number: 20-0422694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ACHONG, LEO A  
110 BOMAR COURT #102  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

LEO A. ACHONG FLOOR COVERING SPECIALISTS  
110 BOMAR COURT  
SUITE 102  
LONGWOOD, FL 32812 US

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.

SIGNATURE: LEO A. ACHONG

06/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ACHONG, LEO A  
Address: 340 SOUTHCOT DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HANNAH, DORIS E MGR  
Address: 6811 BARBY LANE  
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DORIS E. HANNAH

MGR

06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date