

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 19, 2009  
Secretary of State**

DOCUMENT# L03000049196

Entity Name: LUNA FLOORS, LLC

**Current Principal Place of Business:**

3914 NW 5 DR  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

3914 NW 5 DR  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 59-3280744      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUNA, JOSE L  
3914 NW 5 DR  
DEERFIELD BEACH, FL 33442      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUNA, JOSE L  
Address: 3914 NW 5 DR  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: OFF ( ) Delete  
Name: BECKER, KEITH E OFFICER  
Address: 9501 LANCASTER PLACE  
City-St-Zip: BOCA RATON, FL 33434

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: OFF ( ) Change (X) Addition  
Name: KREITZ, JAMES  
Address: 3914 NW 5 DR  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: JOSE LUNA

MGRM

02/19/2009

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