


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000051789 1. Entity Name PERFECT FLOORING, LLC |  |
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|---|---|
| Principal Place of Business 740 W 72 PLACE HIALEAH FL 33014 | Mailing Address 740 W 72 PLACE HIALEAH FL 33014 |
|---|---|



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|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 65-0321068 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
| Zip | Country | Zip |
| | | Country |

1st MOORE CR2E083 (10/05)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent GOMEZ, LEONARDO 740 W 72 PLACE HIALEAH FL 33014 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GOMEZ, LEONARDO 740 W 72 PLACE HIALEAH FL 33014 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000413478 02/10/06-80089-024 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Leonardo Gomez **LEONARDO GOMEZ** **3/1/2006** **(305) 989-2366**