

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055512

FILED  
Jul 06, 2005  
Secretary of State

Entity Name: FOUR SEASONS FLOORING, LLC

**Current Principal Place of Business:**

3519 WILLOW TREE DRIVE, #102  
TAMPA, FL 33614 US

**New Principal Place of Business:**

3509 LAKE AZZURE CT, #202  
TAMPA, FL 33614 US

**Current Mailing Address:**

3519 WILLOW TREE DRIVE, #102  
TAMPA, FL 33614 US

**New Mailing Address:**

3509 LAKE AZZURE CT, #202  
TAMPA, FL 33614 US

FEI Number: 06-1703845      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:**

CASTILLO, DORIS  
3519 WILLOW TREE DRIVE, #102  
TAMPA, FL 33614 US

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

CASTILLO, DORIS  
3509 LAKE AZZURE CT, #202  
TAMPA, FL 33614 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: DORIS CASTILLO

07/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CASTILLO, DORIS  
Address: 3519 WILLOW TREE DRIVE, #102  
City-St-Zip: TAMPA, FL 33614 US

Title: MGRM ( ) Delete  
Name: CHAVARRIA, CESAR  
Address: 3519 WILLOW TREE DRIVE, #102  
City-St-Zip: TAMPA, FL 33614 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CASTILLO, DORIS  
Address: 3509 LAKE AZZURE CT, #202  
City-St-Zip: TAMPA, FL 33614 US

Title: MGRM (X) Change ( ) Addition  
Name: CHAVARRIA, CESAR  
Address: 3509 LAKE AZZURE CT, #202  
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 CASTILLO

MGRM

07/06/2005

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