## **2008 LIMITED LIABILITY COMPANY**

## FILED **ANNUAL REPORT** Jan 14, 2008 08:00 AM **DOCUMENT # L03000056792 Secretary of State** COMMERCIAL FLOOR SPECIALISTS, L.L.C. Principal Place of Business Mailing Address 6542 TARPLANT ROAD 6542 TARPLANT ROAD MILTON, FL 32570 MILTON, FL 32570 01042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0554246 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERRY, ALLEN C III DO NOT WRITE 6542 TARPLANT ROAD MILTON, FL 32570 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE PERRY, ALLEN C III NAME STREET ADDRESS 6542 TARPLANT ROAD MILTON, FL 32570 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-7IP