

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056964

Entity Name: W F EXTREME FLOORING, LLC

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

7320 BOICE ST
ORLANDO, FL 32809

New Principal Place of Business:

6149 BLUE DUCK LANE
APT 46
ORLANDO, FL 32809

Current Mailing Address:

7320 BOICE ST
ORLANDO, FL 32809

New Mailing Address:

6149 BLUE DUCK LANE
APT #49
ORLANDO, FL 32809

FEI Number: 20-0522687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INFINITY TAX SERVICES, INC.
1116 TIMBERBEND CIR
ORLANDO, FL 32824 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/MEMBERS:

Title: MGR () Delete
Name: FIGUEROA, WILFREDO
Address: 7320 BOICE ST
City-St-Zip: ORLANDO, FL 32809

Title: MGRM () Delete
Name: FIGUEROA, WILFREDO
Address: 7320 BOICE ST
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FIGUEROA, WILFREDO
Address: 6149 BLUE DUCK LANE APT 46
City-St-Zip: ORLANDO, FL 32809

Title: MGRM (X) Change () Addition
Name: FIGUEROA, WILFREDO
Address: 6149 BLUE DUCK LANE APT 46
City-St-Zip: ORLANDO, FL 32809

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: WILFREDO FIGUEROA

MGR

04/11/2005

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