

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056964

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: W F EXTREME FLOORING, LLC

## Current Principal Place of Business:

7230 BOYCE ST  
APT 46  
ORLANDO, FL 32809

## New Principal Place of Business:

6149 BLUE DUCK LANE  
ORLANDO, FL 32809

## Current Mailing Address:

7320 BOYCE ST.  
ORLANDO, FL 32809

## New Mailing Address:

6149 BLUE DUCK LANE  
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:

INFINITY TAX SERVICES, INC.  
9714 MOSS ROSE WAY  
ORLANDO, FL 32832 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:

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

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

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

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: WILFREDO FIGUEROA

MGR

04/29/2009

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