

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057034

Entity Name: CR FLOORING, LLC

FILED
May 12, 2008
Secretary of State

Current Principal Place of Business:

16240 WINBURN DR.
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

16240 WINBURN DR.
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 68-0575478 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:

WOOD, HOLLEY C
16240 WINBURN DR.
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 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: SHANNON DUNN FOR ALL FLORIDA FIRM INC

05/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOOD, RAYMOND M
Address: 16240 WINBURN DR
City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM () Delete
Name: ROGERS, STEVE
Address: 16240 WINBURN DR
City-St-Zip: SARASOTA, FL 34240 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WOOD, HOLLEY
Address: 16240 WINBURN DR
City-St-Zip: SARASOTA, FL 34240

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: SHANNON DUNN FOR RAYMOND M WOOD

RA

05/12/2008

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