2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000002707

1. Entity Name SOF-STEP FLOOR COVERING, LLC



FILED Apr 12, 2006 08:00 AM Secretary of State

Principal Place of Business

11025 TRACEY COURT NEW PORT RICHEY, FL 34654 Mailing Address

11025 TRACEY COURT NEW PORT RICHEY, FL 34654



DO NOT WRITE IN THIS SPACE

03232008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0575125

Applied For Not Applicable

5. Certificate of Status Desireo

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, JOY M 10942 STATE ROAD 52 HUDSON, FL 34669

DO NOT WRITE IN THIS SPACE

the obligat	lians of registered agent.		· ·
SKGNATURE.	Signature, typed or pointed reams of reductered agent and this if epoticable.	(NO (b) Registered Agent signature required when constaining)	DATE
Filing Fee is \$30.00 Due by May 1, 2006			
D.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·
title Name Street address Cry-St-Zip	MGR KIRKMAN, DON R 11025 TRACEY COURT NEW PORT RICHEY, FL 34654		U00000505234
TITLE NAME STREET ADDRESS GITY-ST-ZIP			04/26/06-80107-022 50.00
rile Name Striet address City-St-DP		DO	NOT WRITE
NAME STREET ADORESS CITY-ST-ZIP		IN T	HIS SPACE
NILE NAME STREET ADDRESS CRY-ST-ZIP			
TITLE NAME STREET AGORESS GCTY-ST-ZIP			:
11. I hereby certify that the information supplied with this flting 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 formation of the tender			

DOM R LUGATION 5R.
NO TYPED OR PRINTED NAME OF STORMING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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