


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L04000002707 1. Entity Name SOF-STEP FLOOR COVERING, LLC |  |
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| Principal Place of Business 11025 TRACEY COURT NEW PORT RICHEY, FL 34654 | Mailing Address 11025 TRACEY COURT NEW PORT RICHEY, FL 34654 |
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DO NOT WRITE IN THIS SPACE

04212007 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-0575125 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent ANDERSON, JOY M 10942 STATE ROAD 52 HUDSON, FL 34669 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KIRKMAN, DON R 11025 TRACEY COURT NEW PORT RICHEY, FL 34654 |
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05/09/07-80122-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: Don R Kirkman Don R Kirkman 4-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #