

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003260

FILED
May 03, 2007
Secretary of State

Entity Name: SMITH FLOOR COVERING LLC

Current Principal Place of Business:

16630 BLUE HERRON CIR.
PENSACOLA, FL 32507 US

New Principal Place of Business:

239 MAIN ST.
SUITE A
DESTIN, FL 32541 US

Current Mailing Address:

16630
PENSACOLA, FL 32507 US

New Mailing Address:

239 MAIN ST
SUITE A
DESTIN, FL 32541 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

SMITH, CHAD A
16630 BLUE HERRON CIR.
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

SMITH, CHAD A
403 CEDAR ST.
DESTIN, FL 32541 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: CHAD A. SMITH

05/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, CHAD A
Address: 16630
City-St-Zip: PENSACOLA, FL 32507 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMITH, CHAD A
Address: 403 CEDAR ST.
City-St-Zip: DESTIN, FL 32541 US

Title: AST. () Change (X) Addition
Name: HAMILTON, JASON L
Address: 126 SOUTH SHORE DR.
City-St-Zip: MIRAMAR BEACH, FL 32550 US

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: CHAD A. SMITH

MGR

05/03/2007

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