2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L0400009433 1. Entity Name STAN, STAN THE FLOOR MAN, LLC						04-30-2007 9	90051 01 <i>5</i> ****50	0.00
Principal Place of Business Mailing Address 3861 VINE LANE 3861 VINE LANE MOUNT DORA, FL 32757 US MOUNT DORA, FL 32757			57 US	s		·	ı	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1 1885/8/1 8/1	ZBIJI BIBIJ BBIJI BBILI BBILI	I BBLII bbilb ibili bibbl iilib		
				02142007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numbe 20-084		 	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Ad	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	·	
PRIESTER	R STANLEV V			Name				
PRIESTER, STANLEY V 3861 VINE LANE MOUNT DORA, FL 32757				Street Address (P.O. Box Number is Not Acceptable)				
				City			Zip Coo	
8. The above named entity submits this statement for the purpose of changing its regis				•	F = '			
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or register	red agent, or bot	h, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature required	when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007								
Fi D	iling Fee is \$50.00 ue by May 1, 2007						e check payable to Department of Stat	е
9.	we by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.				Department of Stat	•
9. TIILE	MANAGING MEMBE	RS/MANAGERS	TITLE			Florida	Department of Stat	e Addition
9.	we by May 1, 2007 MANAGING MEMBE		TITLE NAME			Florida	Department of Stat	······································
9. TITLE NAME	MANAGING MEMBER MGR PRIESTER, STANLEY V		TITLE NAME STREE			Florida	Department of Stat	······································
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR PRIESTER, STANLEY V 3861 VINE LANE		TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP		Florida	Department of Stat	······································
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR PRIESTER, STANLEY V 3861 VINE LANE	☐ Delete	TITLE NAME STREE CITY-S TITLE NAME	T ADDRESS ST-ZIP		Florida	CHANGES Change	☐ Addition
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11. I nereby Certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Horida 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3526364225