

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017816

FILED  
May 15, 2007  
Secretary of State

**Entity Name:** CREATIVE FLOORS OF SW FLORIDA LLC

**Current Principal Place of Business:**

1672 MANY RD.  
N FT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

1672 MANY RD.  
N FT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 20-0816775      **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:**

SCIULLO, JOHN J  
1672 MANY RD  
N FT MYERS, FL 33903      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SCIULLO, JOHN J  
Address: 1672 MANY RD  
City-St-Zip: N FT MYERS, FL 33903

Title: MGRM      ( ) Delete  
Name: SCIULLO, LEANOR C  
Address: 1672 MANY RD  
City-St-Zip: N FT MYERS, FL 33903

**ADDITIONS/CHANGES:**

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

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

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: JOHN SCIULLO

MGR

05/15/2007

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