

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Feb 21, 2008  
Secretary of State**

DOCUMENT# L04000018473

Entity Name: FLOOR GUYS INSTALLATION LLC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

5735 BENT OAK DR.  
SARASOTA, FL 34232 US

**Current Mailing Address:**

**New Mailing Address:**

5735 BENT OAK DR.  
SARASOTA, FL 34232 US

FEI Number: 20-0861049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

SINQUEFIELD, DAVID A  
5735 BENT OAK DR.  
SARASOTA, FL 34232 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: SINQUEFIELD, DAVID A  
Address: 5735 BENT OAK DR  
City-St-Zip: SARASOTA, FL 34232 US

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

Title: MGR ( ) Delete  
Name: SINQUEFIELD, SHANE A  
Address: 1019 MARLIN LAKES CIRCLE  
City-St-Zip: SARASOTA, FL 34232

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

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

Title: MGR ( ) Change (X) Addition  
Name: ESPIN, LUIS S  
Address: 1532 W PARK LANE  
City-St-Zip: TAMPA, FL 33603

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: DAVID A. SINQUEFIELD

MGRM

02/21/2008

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