

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # L04000018710	
1. Entity Name FLOORUS LTD. CO.	
Principal Place of Business 804 MEDICAL COMMONS CT TALLAHASSEE, FL 32310	Mailing Address 804 MEDICAL COMMONS CT TALLAHASSEE, FL 32310



02282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

81-0645469

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LU, YING
804 MEDICAL COMMONS CT
TALLAHASSEE, FL 32310

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LU, YING
STREET ADDRESS	804 MEDICAL COMMONS CT
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	MGRM
NAME	WU, HAITAO
STREET ADDRESS	804 MEDICAL COMMONS CT
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/08-80044-012 143.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

HAITAO WU

02/28/08

Date

850-321-0734

Daytime Phone #