

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038491

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: EMIL MARTIN FLOORING, LLC

**Current Principal Place of Business:**

12300 SE 86TH COURT  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

12300 SE 86TH COURT  
OCALA, FL 34420

**New Mailing Address:**

FEI Number: 80-0108875      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:**

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

MARTIN, EMIL JR  
12300 SE 86TH COURT  
BELLEVIEW, FL 34420      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:**

Title: MGR      ( ) Delete  
Name: MARTIN, EMIL JR  
Address: 12300 SE 86TH COURT  
City-St-Zip: BELLEVIEW, FL 34420 US

Title: MGR      (X) Delete  
Name: EGGLESTON, DENNIS  
Address: 3620 SW 24TH STREET  
City-St-Zip: OCALA, FL 34480

**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: EMIL MARTIN

MGR

07/02/2007

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