# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# L04000038929

**Entity Name:** CRAFTSMAN FLOORS, LLC

**Current Principal Place of Business:**

555 MAJESTIC WOOD DR.
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

555 MAJESTIC WOOD DR.
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

PO BOX 9618
FLEMING ISLAND, FL 32006

**New Mailing Address:**

555 MAJESTIC WOOD DR.
FLEMING ISLAND, FL 32003

**FEI Number: 83-0396538** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CARRIER, MAURICE G
555 MAJESTIC WOOD DR.
GREEN COVE SPRINGS, FL 32043 US

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

CARRIER, MAURICE G
555 MAJESTIC WOOD DR.
FLEMING ISLAND, FL 32003 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: 04/06/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: CARRIER, MAURICE G
Address: 555 MAJESTIC WOOD DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: CARRIER, MAURICE G
Address: 555 MAJESTIC WOOD DR
City-St-Zip: FLEMING ISLAND, FL 32003

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: MAURICE G CARRIER MGR 04/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date