

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059352

Entity Name: SCLAFANI FLOORING, LLC

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2950 SW NEWBERRY CT  
PALM CITY, FL 349903223 US

**New Principal Place of Business:**

**Current Mailing Address:**

2950 SW NEWBERRY CT  
PALM CITY, FL 349903223 US

**New Mailing Address:**

FEI Number: 68-0590759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAURIE A JONES, ACCOUNTANT  
3404 SW 72ND AVE  
PO BOX 1937  
PALM CITY, FL 34991 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: MGRM ( ) Delete  
Name: SCLAFANI, VINCENZO  
Address: 2950 SW NEWBERRY CT  
City-St-Zip: PALM CITY, FL 34990 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: VINCENZO SCLAFANI

MGRM

04/29/2006

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