

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060034

FILED  
Sep 04, 2007  
Secretary of State

**Entity Name:** FLOORS AT THE RIGHT PRICE LLC

**Current Principal Place of Business:**

31 WEST 9 MILE ROAD  
PENSACOLA, FL 32534 US

**New Principal Place of Business:**

2115 STALLION ROAD  
CANTONMENT, FL 32533 US

**Current Mailing Address:**

31 WEST 9 MILE ROAD  
PENSACOLA, FL 32534 US

**New Mailing Address:**

2115 STALLION ROAD  
CANTONMENT, FL 32533 US

FEI Number: 20-1481057      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:**

SZCZEPANSKI, JOSEPH S  
2115 STALLION ROAD  
CANTONMENT, FL 32533 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: SZCZEPANSKI, JOSEPH S  
Address: 2115 STALLION ROAD  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SZCZEPANSKI, JOSEPH S  
Address: 2115 STALLION ROAD  
City-St-Zip: CANTONMENT, FL 32533

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: JOSEPH S.SZCZEPANSKI

MGRM

09/04/2007

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