2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 04, 2008 08:00 AN Secretary of State DOCUMENT # L05000000354 1. Entity Name JOEY C'S FLOORING, LLC Principal Place of Business Malling Address 15274 SNOW MEMORIAL HWY 15274 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601 BROOKSVILLE, FL 346Q1 03272008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2139982 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent CHIAROMONTE, JOSEPH DO NOT WRITE 15274 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601 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 U00000881262 04/15/08-80095 FILE NOW!!! FEE IS \$138.75 138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MBR TITLE CHIAROMONTE, JOSPEH NAME STREET ADDRESS 15274 SNOW MEMORIAL HWY CITY-ST-7IP BROOKSVILLE, FL 34601 TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. Thereby 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 empoyered to execute this report as required by Chapter 608, Florida Statutes

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: 立

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