

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001059

FILED
Mar 14, 2007
Secretary of State

Entity Name: SEARS TILE & WOOD FLOORING LLC

Current Principal Place of Business:

8640 133RD LANE
LIVE OAK, FL 32060 US

New Principal Place of Business:

9050 101ST COURT
LIVE OAK, FL 32060 US

Current Mailing Address:

8640 133RD LANE
LIVE OAK, FL 32060 US

New Mailing Address:

9050 101ST COURT
LIVE OAK, FL 32060 US

FEI Number: 86-1161547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, BENJAMIN A
8640 133RD LANE
LIVE OAK, FL 32060 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: MGR () Delete
Name: SEARS, BENJAMIN A
Address: 8640 133RD LANE
City-St-Zip: LIVE OAK, FL 32060 US

Title: MGRM () Delete
Name: SEARS, TWYLA S
Address: 8640 133RD LANE
City-St-Zip: LIVE OAK, FL 32060 US

Title: MGRM (X) Delete
Name: HARTSFIELD, TOMMY L
Address: 567 NW CHLOE DRIVE
City-St-Zip: WHITE SPRINGS, FL 32096

ADDITIONS/CHANGES:

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

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 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: BENJAMIN A. SEARS

MGR

03/14/2007

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