

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004682

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: ALL FLOORS OF AMERICA , LLC

**Current Principal Place of Business:**

ALL FLOORS OF AMERICA , LLC  
12919 EAST COLONIAL DRIVE  
ORLANDO, FL 32826 US

**New Principal Place of Business:**

**Current Mailing Address:**

ALL FLOORS OF AMERICA , LLC  
12919 EAST COLONIAL DRIVE  
ORLANDO, FL 32826 US

**New Mailing Address:**

FEI Number: 56-2495831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TORRES, HECTOR L  
12919 EAST COLONIAL DR  
ORLANDO, FL 32826 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: CLAYTON, LEROY C MR.  
Address: 12919 EAST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32826 US

Title: MGRM ( ) Delete  
Name: TORRES, HECTOR L MR.  
Address: 12919 EAST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32826 US

**ADDITIONS/CHANGES:**

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 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: LEROY C. CLAYTON

PRES

08/31/2009

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