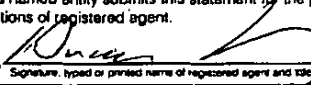
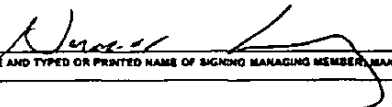


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/7/2006-90037-029 \$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:38

DOCUMENT # L05000011268			
1. Entity Name WOOD FLOOR EMPIRE, LLC			
Principal Place of Business 3619 W. CASS ST TAMPA, FL 33609-1305		Mailing Address 3619 W. CASS ST TAMPA, FL 33609-1305	
2. Principal Place of Business 5703 N. 19th St		3. Mailing Address 5703 N. 19th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33610		Zip 33610	
Country Hillsborough		Country Hillsborough	
4. FEI Number 34-2033695		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, HIRAM 3619 W. CASS ST TAMPA, FL 33609-4385 5703 N. 19th St 33610		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5703 N. 19th St City TAMPA FL Zip Code 33610	
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 		DATE	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, HIRAM 3619 W. CASS ST TAMPA, FL 336091305 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ, HIRAM 5703 N. 19th St TAMPA FL 33610 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby 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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		9-2-06 813-468-0899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	