2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/7/2006-90037-020 $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	Mailing Address
3619 W. CASS ST TAMPA, FL 33609-1305	3619 W. CASS ST TAMPA, FL 33609-1305

07162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
5703 N. 19th ST	5703 N. 19th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl	City & State: Tampa Fl
Zip: 33610 Country: Hillsborough	Zip: 33610 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~~ 5703 N. 19th ST
TAMPA, FL ~~33609-1305~~ 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: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 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, KIRAM 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: [signature] 9-2-06 813-468-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #