

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014664

Entity Name: MAC'S FLOOR COVERING, LLC

FILED
Jun 06, 2008
Secretary of State

Current Principal Place of Business:

6136 9TH AVENUE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

8623 OLD POST ROAD
PORT RICHEY, FL 34668

Current Mailing Address:

6136 9TH AVENUE
NEW PORT RICHEY, FL 34653

New Mailing Address:

8623 OLD POST ROAD
PORT RICHEY, FL 34668

FEI Number: 04-0828937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MANKIEWICH, JOHN III
6136 9TH AVENUE
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.
813 DELTONA BLVD
STE. A
DELTONA, FL 32725 US

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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC.

06/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MANKIEWICH, JOHN III
Address: 6136 9TH AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MANKIEWICH, JOHN III
Address: 8623 OLD POST ROAD
City-St-Zip: PORT RICHEY, FL 34668

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: CHRISTINA CLARK FOR JOHN MANKIEWICH III

MGRM

06/06/2008

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