

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017931

Entity Name: FLOOR MEDICS, LLC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

603 SILVERTHORN RD.
GULF BREEZE, FL 32563 US

New Principal Place of Business:

7903 SKYVIEW BLVD.
NAVARRE, FL 32566 US

Current Mailing Address:

603 SILVERTHORN RD.
GULF BREEZE, FL 32561 US

New Mailing Address:

7903 SKYVIEW BLVD.
NAVARRE, FL 32566 US

FEI Number: 20-2370692 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:

STATON, GARY M JR.
603 SILVERTHORN RD.
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

STATON, GARY M JR.
7903 SKYVIEW BLVD.
NAVARRE, FL 32566 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:

07/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STATON, GARY M JR.
Address: 603 SILVERTHORN RD.
City-St-Zip: GULF BREEZE, FL 32561 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STATON, GARY M JR.
Address: 7903 SKYVIEW BLVD.
City-St-Zip: NAVARRE, FL 32566 US

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: GARY M. STATON JR

MGR

07/05/2006

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