

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 16, 2007 08:00 AM
Secretary of State**DOCUMENT # L05000018451**1. Entity Name
ANGLISANO FLOORING, LLCPrincipal Place of Business
**3805 HADDEN TERRACE
NORTH PORT, FL 34287**Mailing Address
**3805 HADDEN TERRACE
NORTH PORT, FL 34287**

04092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-2403032Applied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****ANGLISANO, BRIAN
3805 HADDEN TERRACE
NORTH PORT, FL 34287****DO NOT WRITE
IN THIS SPACE**

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, 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 May 1, 2007****9. MANAGING MEMBERS/MANAGERS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANGLISANO, BRIAN
3805 HADDEN TERRACE
NORTH PORT, FL 34287**TITLE
NAME
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**U00000711937
04/26/07-80025-025 50.00

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 60B, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/12/07

Date

Day/Time Phone #