

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026698

FILED  
Sep 05, 2007  
Secretary of State

**Entity Name:** ERASMO SEGUIAS FLOORING LLC.

**Current Principal Place of Business:**

3449 RED ROCK DR  
LAND O LAKES, FL 34639 US

**New Principal Place of Business:**

**Current Mailing Address:**

3449 RED ROCK DR  
LAND O LAKES, FL 34639 US

**New Mailing Address:**

FEI Number: 20-2552854      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:**

**Name and Address of New Registered Agent:**

PERDOMO, SUSANA  
3449 RED ROCK DR  
LAND O LAKES, FL 34639 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: PDT ( ) Delete  
Name: SEGUIAS, ERASMO  
Address: 3449 RED ROCK DR  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: VPDT ( ) Delete  
Name: PERDOMO, SUSANA D  
Address: 3449 RED ROCK DR  
City-St-Zip: LAND O LAKES, FL 34639 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSANA PERDOMO

VPDT

09/05/2007

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