


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90165 039 ***143.75

DOCUMENT # L05000027168		
1. Entity Name A1 FLOORING LLC		
Principal Place of Business 103B AETNA ST SEBASTIAN, FL 32958		Mailing Address 103B AETNA ST SEBASTIAN, FL 32958
2. Principal Place of Business - No P.O. Box # 955 Riviera Ave	3. Mailing Address 955 Riviera Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Sebastian, Florida	City & State Sebastian, Florida	
Zip 32958	Country US	Zip 32958
	Country U.S	



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 61-1485245		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent THOMPSON, SCOTT A 103B AETNA ST SEBASTIAN, FL 32958		
7. Name and Address of New Registered Agent Name Scott A. Thompson Street Address (P.O. Box Number is Not Acceptable) 955 Riviera Ave City Sebastian FL Zip Code 32958		
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 Scott A. Thompson <i>manager</i> owner 4/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		

ck# 1153 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, SCOTT A 103B AETNA ST SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		MGR/owner Thompson, Scott A 955 Riviera Ave Sebastian, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDITION ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> 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 **Scott A. Thompson**

4/14/08