


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|   |   |
|---|---|
| <b>DOCUMENT # L05000033078</b><br>1. Entity Name<br>FLOOR COVERING PROFESSIONALS, LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>7465 BOWLING GREEN DRIVE<br>TALLAHASSEE, FL 32309 | Mailing Address<br>7465 BOWLING GREEN DRIVE<br>TALLAHASSEE, FL 32309 |
|--|--|

**DO NOT WRITE IN THIS SPACE**

FILED  
08 APR 29 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282008No Chg-LLC

CR2E083 (12/07)

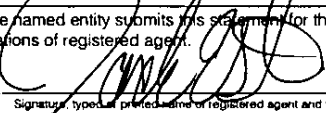
|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>14-1932294                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

ESTES, JACK E  
7465 BOWLING GREEN DRIVE  
TALLAHASSEE, FL 32309

**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.

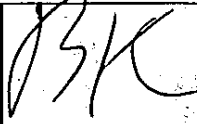
SIGNATURE:  DATE: 4-28-08

Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

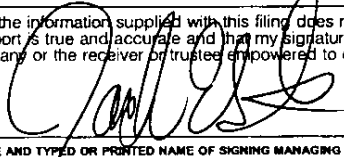
|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>ESTES, JACK<br>7465 BOWLING GREEN DRIVE<br>TALLAHASSEE, FL 32309 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |



200126956212  
04/30/08--01002--009 \*\*138.75

**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: 4-28-08

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