## 2008 LIMITED LIABILITY COMPANY

	ANNUA				
DOCUMENT # L05000033078  1. Entity Name					Eu -
FLOOR COVERING PROFESSIONALS, LLC				08 APR	FILED 29 AM 8: 33
Principal Plac	e of Business	Mailing Address		₹₩	<sup>23</sup> Aff 8: 33
	NG GREEN DRIVE	7465 BOWLING GREEN DRIVE		TALLA	AKT OF STATE SSEE, FLORIDA
TALLAHASSE	E, FL 32309	TALLAHASSEE, FL 32309		- ALLAHA	SSEE, FLORIDA
DO NOT WRITE IN THIS SPACE				04282008 No Chg-LLC	CR2E083 (12/07)  Applied For
	v .			14-1932294	Not Applicable
				5. Certificate of Status Desired	55.00 Additional Fee Required
6. Name and Address of Current Registered Agent					
ESTES IA	ACK E		₹ .		
ESTES, JACK E 7465 BOWLING GREEN DRIVE TALLAHASSEE, FL 32309				DO NOT W	KIIE
				IN THIS SP	ACE
		1	*		
9 The shows	named entity submits this statement	for the purpose of changing its registe	yead office as societas	ad agent as both in the State of Po	ide. Lam familiar with and accept
	ions of registered agent.		ered office or register	ed agent, or obtil, in the state of Ho	1 Oo oo
SIGNATURE / WILL J ) SIGNATURE					
Signature, typodal priviled adjusticed agent and title if applicable. (NDTE: Registered Agent eignature required when reinstating) / DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEM	BERS/MANAGERS	177		
TITLÉ	MGRM		11511		
name Street address	ESTES, JACK 7465 BOWLING GREEN DRIV	E			
CITY-ST-ZIP	TALLAHASSEE, FL 32309		V 1	2001265 04/30/0801002	956212
TITLE				04/30/08;;+01002	TTUUS **138.45
NAME STREET ADDRESS			:		
CITY-ST-ZIP					
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NAME STREET ADDRESS			S.	DO NOT W	DITE
CITY-ST-ZIP				DO NOT W	
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TITLE NAME			ł		A Maria Cara Cara Cara Cara Cara Cara Cara
STREET ADDRESS					
CITY-ST-ZIP			·		
TITLE NAME					
STREET ADDRESS			***		
CITY-ST-ZIP			Nomptions control	nd in Chanter 110. Floride Statutes	I further certify that the information
11. I hereby indicated	certify that the information supplied on this report is true and accurate shifty company or the receiver of the	with trills filling diges not qualify for the and that my signature shall have the safety and this report	exemptions containe same legal effect as i rt as required by Cha	rd in Chapter 119, Florida Statutes. If made under oath; that I am a ma apter 608, Florida Statutes.	naging member or manager of the
11. I hereby certify that the information supplied with this filling 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: 4000					
CIGITAL		E OF SIGNING MANAGING MEMBER, OR AUTHOR	NIZED REPRESENTATIVE	Date	Daytime Phone #