

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90056 031 ****50.00

DOCUMENT # L05000050547					
1. Entity Name YOUR FLOORZ, LLC					
Principal Place of Business 2163 NW PINE BLUFF AVE ARCADIA, FL 34266			Mailing Address 2163 NW PINE BLUFF AVE ARCADIA, FL 34266		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent					
AMES CPA CFP, ANDREW T 128 WEST OAK STREET ARCADIA, FL 34266					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, JESSE 2163 NW PINE BLUFF AVE. ARCADIA, FL 34266				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, NICHOLAS 2163 NW PINE BLUFF AVE. ARCADIA, FL 34266				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
<input type="checkbox"/> Delete					
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
<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: X <i>Jesse May</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 4/20/06 Daytime Phone # 941 286 4777					