

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000050549

FILED
Feb 07, 2007
Secretary of State

Entity Name: AZTEC FLOOR COVERING "LLC"

Current Principal Place of Business:

2201 COMBS MANOR CT NW
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

611 CARMEN ST
PANAMA CITY BEACH, FL 32413 US

Current Mailing Address:

2201 COMBS MANOR CT NW
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

218 LOY DR
SAN ANTONIO, TX 78228 US

FEI Number: 74-6273500 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

CASTILLO, J. ROBERT
2201 COMBS MANOR CT NW
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

CASTILLO, J. ROBERT
611 CARMEN ST
PANAMA CITY BEACH, FL 32413 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: JUAN ROBERTO CASTILLO MGRM

02/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTILLO, J. ROBERT
Address: 221 COMBS MANOR CT NW
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASTILLO, J. ROBERT
Address: 611 CARMEN ST
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN ROBERT CASTILLO

MGRM

02/07/2007

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