

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060353

FILED
May 01, 2006
Secretary of State

Entity Name: BRAZSTONES FLOOR COVERING, L.L.C.

Current Principal Place of Business:

6580 BRIARCLIFF ROAD
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6580 BRIARCLIFF ROAD
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 45-0486204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

PEREIRA, ADILSON
6580 BRIARCLIFF ROAD
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: PEREIRA, ADILSON
Address: 6580 BRIARCLIFF ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: PEREIRA, JULIANA
Address: 6580 BRIARCLIFF ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PEREIRA, AMANDA
Address: 6580 BRIARCLIFF RD
City-St-Zip: FT. MYERS, FL 33912

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: JULIANA PEREIRA

D

05/01/2006

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