

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065632

FILED
Jan 22, 2008
Secretary of State

Entity Name: TOTAL CONCEPT FLOORING LLC

Current Principal Place of Business:

3504 WHIPPOORWILL BLVD
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

3504 WHIPPOORWILL BLVD
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 00-0095428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSI, ROBERT
3504 WHIPPOORWILL BLVD
PUNTA GORDA, FL 33950 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: MGRM () Delete
Name: ROSSI, ROBERT J
Address: 3504 WHIPPOORWILL BLVD
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR () Delete
Name: DIGIROLAMO, DANIEL
Address: 3729 TRIPOLI BLVD
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR (X) Delete
Name: SUTTON, CHARLES D JR
Address: 2245 GREEN STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SUTTON, CHARLES D JR
Address: 2245 GREEN ST
City-St-Zip: PORT CHARLOTTE, FL 33952

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT J ROSSI

MGRM

01/22/2008

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