

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90131 014 ****50.00

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DOCUMENT # L05000070866

1. Entity Name
ADVANTAGE FLOORING & DESIGN L.L.C.



Principal Place of Business
240 85 STREET
2
MIAMI BEAH, FL 33141

Mailing Address
240 85 STREET
2
MIAMI BEAH, FL 33141

2. Principal Place of Business - No P.O. Box #
9808 NW 80 AVE
Suite, Apt. #, etc.
STE. K-10

3. Mailing Address
9808 NW 80 AVE.
Suite, Apt. #, etc.
STE. K-10

City & State
MIAMI BEAH, FL

City & State
MIAMI BEAH, FL

Zip
33016

Country
DADE

Zip
33016

Country
DADE

02242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3830217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, GUSTAVO A
240 85 STREET
2
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name

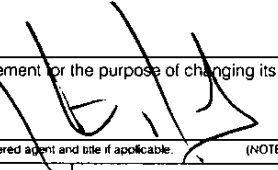
Street Address (P.O. Box Number is Not Acceptable)

City

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  3/12/07

(NOTE: Registered Agent signature required when reinstating)

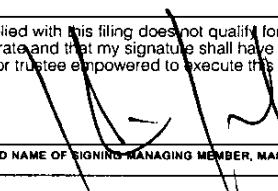
DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, GUSTAVO A 240 85 ST SUTE 2 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  3/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #