

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000079918

Entity Name: FLOOR EXPERTS LLC

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1629 EUGENIA AV.  
NORTH PORT, FL 34288

**New Principal Place of Business:**

4533 W HIAWATHA ST  
TAMPA, FL 33614

**Current Mailing Address:**

1629 EUGENIA AV.  
NORTH PORT, FL 34288

**New Mailing Address:**

4533 W HIAWATHA ST  
TAMPA, FL 33614

FEI Number: 20-3307697      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:**

CHAVEZ, GUSTAVO A MR.  
1629 EUGENIA AV.  
NORTH PORT, FL 34288      US

**Name and Address of New Registered Agent:**

RAMOS, ANA L  
766 S OSPREY AVE  
SUITE 8  
SARASOTA, FL 34236 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: ANA L RAMOS

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CHAVEZ, GUSTAVO A MR.  
Address: 1629 EUGENIA AV.  
City-St-Zip: NORTH PORT, FL 342888

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: CHAVEZ, GUSTAVO A  
Address: 4533 W HIAWATHA ST  
City-St-Zip: TAMPA, FL 33614

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: GUSTAVO A CHAVEZ

MGR

04/27/2009

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