FILED Apr 13, 2007 8:00 am Secretary of State

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	ANNU	JAL REPO	DRT

Piccles of Business	DOCUMENT # L05000087031 1. Entity Name CHRIS WHITE FLOOR COVERING, LLC						-	04-13-200	07 90037	038 ****	50.00
Stute, Apt. 4, etc.	17787 LARKIN COURT EAST		17787 LARKIN COURT EAST			- 	•				
City A State City A State Tallahassee Flortda Tallahassee Tallahasse	8730B Freedom Road		8730B Freedom Road								
Tallahassee, Flortda Tallahassee, Flortda APPLIED FOR 3 32305 Name Application St. 00 A											
9. MANAGING MEMBERS / MANAGING MANAGING MEMBERS / M					4. FEI Numb	er 03-0 ED FOR 03-0	5691	13			
First Name and Address of New Registered Agent		,	•	· ·		•					
### Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			and Address of Current I	Registered Agent		Name	7. Name and	d Address of New	Registered	Agent	
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State S. MANAGING MEMBERS / MANAGERS INLE MGRM WHITE, CHRIS SIRET ADDRSS 1077-51-2P INLE MARK SIRET ADDRSS CITY-51-2P INLE MARK SIRET AD	17787 LARKIN COURT EAST						(P.O. Box Numb	per is Not Acceptab	le)		
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the obligations of registered agent. Signature, topaci or private name of impatiened agent and time if applicable. (Incite Registered Agent signature recovered when remaining) DATE	8. The above	named entit	v submits this statement for	r the purpose of changing its	s reaister		red agent, or bi	oth, in the State of F		- '	
Filling Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM WHITE, CHRIS ITILE MME WHITE, CHRIS STREET ADDRESS CITY-51-2P ITILE MGRM WHITE, CHRIS STREET ADDRESS CITY-51-2P ITILE MARK STREET ADDRESS CITY-51-2P ITI	the obligat	tions of regis	tered agent.								
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NAME STREET ADDRESS CITY-ST-ZIP TITLE ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.	NAME STREET ADDRESS			☐ Delete	NAM SIR	ne Eet address		,		☐ Change	Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date District Proce #	SIGNAT		AND TYPED OR PRINTED NAME O				BENTATIVE	3/31/07	(-9688