

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000100052

1. Entity Name
ARBORMART THE RENAISSANCE OF FLOORING,
L.L.C.



Principal Place of Business
87 LAKE STREET
GRIMSBY, ON L3M2G-6 CA

Mailing Address
87 LAKE STREET
GRIMSBY, ON L3M 2-G6 CA



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3694086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
2210 VANDERBILT ROAD
SUITE1201
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ZMENAK, EMIL
87 LAKE STREET
GRIMSBY, ON L3M2G6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ZMENAK, CAROL
87 LAKE STREET
GRIMSBY, ON L3M2G6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000802310
02/01/08-80054-008 138.75

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IN THIS SPACE**

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: _____

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

Date

Overtime Phone #

Jan 15/08 (905) 945 9050