

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106548

FILED
Jul 06, 2007
Secretary of State

Entity Name: THOMPSON FLOOR COVERING, LLC

Current Principal Place of Business:

104A 11TH STREET
ST. AUGUSTINE BEACH, FL 32080

New Principal Place of Business:

6433 A1A SOUTH
C
ST. AUGUSTINE, FL 32080

Current Mailing Address:

104A 11TH STREET
ST. AUGUSTINE BEACH, FL 32080

New Mailing Address:

1093 A1A BEACH BOULEVARD
PMB 338
ST. AUGUSTINE BEACH, FL 32080

FEI Number: 20-3718225 **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:

HORN, CHERYL L
104A 11TH STREET
ST. AUGUSTINE BEACH, FL 32080 US

Name and Address of New Registered Agent:

HORN, CHERYL L
6433 A1A SOUTH
C
ST. AUGUSTINE, FL 32080 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: CHERYL HORN

07/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMPSON, MICHEAL E
Address: 104A 11TH STREET
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMPSON, MICHEAL E
Address: 6433 A1A SOUTH #C
City-St-Zip: ST. AUGUSTINE, FL 32080

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: MICHAEL THOMPSON

MGR

07/06/2007

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