

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107925

**FILED**  
**Mar 20, 2008**  
**Secretary of State**

**Entity Name:** QUALITY FLOORING BY FRANK MILEA, LLC

**Current Principal Place of Business:**

1824 ST LAWRENCE WAY  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

1824 ST LAWRENCE WAY  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 20-3759043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MILEA, FRANK  
1824 ST. LAWRENCE WAY  
JACKSONVILLE, FL 32223      US

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

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 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: SHANNON DUNN FOR ALL FLORIDA FIRM INC

03/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MILEA, FRANK  
Address: 1824 ST. LAWRENCE WAY  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHANNON DUNN FOR FRANK MILEA

RA

03/20/2008

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