

FILED**Jul 23, 2007 08:00 AM**
Secretary of State**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000110187	
1. Entity Name MICHAEL F WASHINGTON FLOOR COVERING LLC	

Principal Place of Business 1814 SE 13TH STREET CAPE CORAL, FL 33990 US	Mailing Address 1814 SE 13TH STREET CAPE CORAL, FL 33990 US
---	---

DO NOT WRITE IN THIS SPACE

07182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0910486	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WASHINGTON, MICHAEL F SR
1814 SE 13ST
CAPE CORAL, FL 33990**

**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 date if available

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WASHINGTON, MICHAEL F SR 1814 SE 13ST CAPE CORAL, FL 33990
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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000770048
07/23/07-80007-009 50.00

**DO NOT WRITE
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 606, Florida Statutes.

SIGNATURE*Michael F Washington**7-18-07*

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

Date

Signature Printed Name