2008 LIMITED LIABILITY COMPANY

Apr 11, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L05000123683 1. Entity Name 04-11-2008 90180 029 ***143.75 FLOORING UNIVERSAL SERVICES L.L.C. Principal Place of Business Mailing Address 7414 ARAWANA AVE. 7414 ARAWANA AVE. COCCETET TAMPA, FL 33614 **TAMPA, FL 33614** 04012008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3829866 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOMEZ, PEDRO A DO NOT WRITE 7414 ARAWANA AVE. TAMPA, FL 33614 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 MANAGING MEMBERS/MANAGERS MGR TITLE GOMEZ, PEDRO A . NAME 7414 ARAWANA AVÈ. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 TITLE NAME STREET ADDRESS CITY-ST-ZIP ШΕ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF

FILED

Daytime Phone #