

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004215

Entity Name: NICKY FLOORS LLC

FILED
May 02, 2009
Secretary of State

Current Principal Place of Business:

9711 WYDELLA ST
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

9711 WYDELLA ST
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 72-1613529 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:

MANASOTA FLOORING, INC.
4551 N. WASHINGTON BLVD
RIVERVIEW, FL 34234 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NGUYEN, DUC
Address: 9711 WYDELLA ST
City-St-Zip: RIVERVIEW, FL 33569

Title: MGR (X) Delete
Name: VAN NGUYEN, ANH
Address: 9711 WYDELLA ST
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: NGUYEN, HUNG T
Address: 208 23RD AVE WEST
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

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

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

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: DUC NGUYEN

MGR

05/02/2009

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