


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90034 046 ****55.00

DOCUMENT # L06000017765					
1. Entity Name BRANDON WONSCH FLOOR COVERING LLC					
Principal Place of Business 157 CAGER POSEY RD CRAWFORDVILLE, FL 32327			Mailing Address 157 CAGER POSEY RD CRAWFORDVILLE, FL 32327		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 157 Cager Posey RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Crawfordville, FL		4. FEI Number 061769280	
Zip		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WONSCH, BRANDON 157 CAGER POSEY RD CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name Brandon Wonsch Street Address (P.O. Box Number is Not Acceptable) 157 Cager Posey RD City Crawfordville FL Zip Code 32327		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WONSCH, BRANDON 157 CAGER POSEY RD CRAWFORDVILLE, FL 32327		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 608, Florida Statutes.					
SIGNATURE: <u>Brandon Wonsch</u>			04-03-07 850-528-7381		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

60032005
#L06 000017765

Please correct the spelling
of the mailing address from

157 Cader Posey

to

157 Cajer Posey

Thank You!
Brandon Blansch