

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000025277

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** KARL PLOSS FLOORING, LLC

**Current Principal Place of Business:**

9618 WATER FERN CIRCLE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

9618 WATER FERN CIRCLE  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 02-0773180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PLOSS, KARL  
9618 WATER FERN CIRCLE  
CLERMONT, FL 34711 US

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

PLOSS, KARL E  
9618 WATER FERN CIRCLE  
CLERMONT, FL 34711 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:** KARL E. PLOSS

04/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PLOSS, KARL E  
**Address:** 9618 WATER FERN CIRCLE  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** MGRM  
**Name:** PLOSS, JODI  
**Address:** 9618 WATER FERN CIRCLE  
**City-St-Zip:** CLERMONT, FL 34711

I hereby 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:** KARL E. PLOSS

MGRM

04/29/2012

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