

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039982

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: MCINNIS FLOOR COVERING L.L.C.

**Current Principal Place of Business:**

1835 US 1 S., SUITE 119  
PMB 194  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1835 US 1 S., SUITE 119  
PMB 194  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 04-3839842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCINNIS, EDWARD  
489 CASTANTO ST  
SAINT AUGUSTINE, FL 32084 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: MCINNIS, EDWARD  
Address: 489 CASTANTO ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MGRM ( ) Delete  
Name: MCINNIS, SONYA L  
Address: 489 CASTANO ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

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: EDWARD MCINNIS

MGR

04/09/2008

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