2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# L06000055129

Entity Name: ACCUFLOOR OF SOUTH FLORIDA LLC

Current Principal Place of Business:

4540 WEST CORAL CIRCLE
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

PO BOX 150718
CAPE CORAL, FL 339150718

New Mailing Address:

FEI Number: 65-1282200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCLAIN, WILLIAM
4540 WEST CORAL CIRCLE
NORTH FORT MYERS, FL 33903 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: MCCLAIN, WILLIAM
Address: 4540 W CORAL CIR
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: MGR ( ) Delete
Name: MCCLAIN, KELLY
Address: 4540 WEST CORAL CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

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: KELLY MCCLAIN MGR 02/17/2009

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