

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000055129

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**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 ( )**

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

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

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:** KELLY MCCLAIN

MGR

01/13/2010

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