

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90258 015 \*\*\*\*50.00

<b>DOCUMENT # L06000080964</b>	
1. Entity Name <b>MICHAEL S. LENTZ FLOORING INSTALLATION LLC</b>	

Principal Place of Business <b>2035 CANNOLOT BLVD PORT CHARLOTTE, FL 33948 US</b>	Mailing Address <b>2035 CANNOLOT BLVD PORT CHARLOTTE, FL 33948 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2035 Cannolot Blvd</b>	3. Mailing Address <b>2035 Cannolot Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port Charlotte FL.</b>	City & State <b>Port Charlotte FL.</b>
Zip <b>33948</b>	Country <b>US</b>
Zip <b>33948</b>	Country <b>US</b>

03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>205388428</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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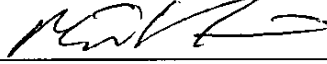
6. Name and Address of Current Registered Agent <b>LENTZ, MICHAEL S 2035 CANNOLOT BLVD PORT CHARLOTTE, FL 33948</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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	

<b>Filing Fee Is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LENTZ, MICHAEL S 2035 CANNOLOT BLVD PORT CHARLOTTE, FL 33948</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
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<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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