

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000086878

1. Entity Name
FALCON FLOOR COVERING, LLC



FILED

07 AUG 24 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2775 CATHEDRAL DR. LOT 259
TALLAHASSEE, FL 32310

Mailing Address
2775 CATHEDRAL DR. LOT 259
TALLAHASSEE, FL 32310

BK



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BK

City & State

City & State

Zip

Country

Zip

Country

08242007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

46-7110978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALCON, JORGE
2775 CATHEDRAL DR. LOT 259
TALLAHASSEE, FL 32310

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FALCON, JORGE
2775 CATHEDRAL DR. LOT 259
TALLAHASSEE, FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200108708202
08/28/07--01038--001 **50.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE: Jorge Falcon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/24-07

Date

832 473-0860

Daytime Phone #