


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 14 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # L06000093373	
1. Entity Name UNITED FLOOR MASTERS, LLC	

Principal Place of Business 418 SW WACAHOOA ROAD MICANOPY, FL 32667	Mailing Address 418 SW WACAHOOA ROAD MICANOPY, FL 32667
---------------------------------------------------------------------------	---------------------------------------------------------------

2. Principal Place of Business - No P.O. Box # 10670 NE 97 th pl.	3. Mailing Address PO Box 818
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Archer, FL.	City & State Archer, FL.
Zip 32618	Zip 32618
Country Levy	Country Levy

6. Name and Address of Current Registered Agent LEVESQUE, DONALD S 418 SW WACAHOOA ROAD MICANOPY, FL 32667	
---------------------------------------------------------------------------------------------------------------------	--

	
07182007	Chg-LLC
CR2E083 (12/06)	
4. FEI Number 20-5604447	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required


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
-----------	--------------------------------------------------------------	------

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
----------------------------------------------------	------------------------------------------------------

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPIEL, RENEE 418 SW WACAHOOA ROAD MICANOPY, FL 32667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mGR Renee Capiel Levesque <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10670 NE 97 th pl. Archer, FL 32618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEVESQUE, DONALD S 418 SW WACAHOOA ROAD MICANOPY, FL 32667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mGR Donald Scott Levesque <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10670 NE 97 th pl. Archer, FL 32618
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 800109774218 09/21/07--01067--013 **\$5.00
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
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.

SIGNATURE: 	8-20-07	322-812-0165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #