

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 21, 2008 08:00 AM  
Secretary of State

DOCUMENT # L06000093373

1. Entity Name  
UNITED FLOOR MASTERS, LLC



Principal Place of Business  
10670 NE 97TH PL ROAD  
ARCHER, FL 32618

Mailing Address  
PO BOX 818  
ARCHER, FL 32618



04172008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5604447	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVESQUE, DONALD S  
10670 NE 97TH PL ROAD  
ARCHER, FL 32618

**DO NOT WRITE  
IN THIS SPACE**

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)

00000093373

05/08/08-80022-008 143.75

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVESQUE, RENEE C 10670 NE 97TH PL ROAD ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVESQUE, DONALD S 10670 NE 97TH PL ROAD ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Renee C. Levesque* MGR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-08  
Date

352-812-0165  
Daytime Phone #