

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099994

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: ROCK SOLID FLOORING SYSTEMS, LLC

**Current Principal Place of Business:**

12050 MATERA LANE  
UNIT 201  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 110582  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 65-1294341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHANCY, KAREN M  
5815 PERSIMMON WAY  
NAPLES, FL 34110 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: MGRM ( ) Delete  
Name: ROLAND, WILLIAM F  
Address: 12050 MATERA LANE, UNIT 201  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM ( ) Delete  
Name: CHANCY, KAREN M  
Address: 5815 PERSIMMON WAY  
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM ( ) Delete  
Name: CHANCY, BRIAN S  
Address: 10664 WINTERVIEW DR  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KAREN CHANCY

MGRM

04/08/2009

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