

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90115 001 ***143.75

DOCUMENT # L06000110737

1. Entity Name

CWA FLOORING, LLC



Principal Place of Business

8202 MYRTLE POINT WAY
TAMPA FL 33647

Mailing Address

8202 MYRTLE POINT WAY
TAMPA FL 33647

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

19226 Climbing Aster Dr.

3. Mailing Address

19226 Climbing Aster Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

20-5891872

Applied For

Not Applicable

Zip

33647

Country

Hillsborough

Zip

33647

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREASEN, ALLAN B
3925 MOORES LAKE ROAD
DOVER FL 33527

7. Name and Address of New Registered Agent

Name

Alan Geer, P.A.

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

7401 D Temple Terrace Hwy

City

Tampa

FL

Zip Code

33637

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

M. Holston

4/1/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HOLSTON, MONIQUE
STREET ADDRESS 8202 MYRTLE POINT WAY
CITY-ST-ZIP TAMPA FL 33647

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Monique Holston
STREET ADDRESS 19226 Climbing Aster Drive
CITY-ST-ZIP Tampa, FL 33647

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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 Section 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:

M. Holston

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

4/1/08 813-333-6502

Date

Daytime Phone #