

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 20, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90311 005 \*\*\*\*50.00

30011546



03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5940276** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L06000113331**  
1. Entity Name  
**EXCEL FLOORING, LLC**



Principal Place of Business  
**10013 PORTALE AVE  
ORLANDO, F 32825 US**

Mailing Address  
**10013 PORTALE AVE  
ORLANDO, F 32825 US**

2. Principal Place of Business - No P.O. Box #  
**10013 PORTALE AVE**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Orlando FL**

Zip  
**32825**

Country  
**USA**

6. Name and Address of Current Registered Agent  
**OFF, JUAN E JR  
10013 PORTALE AVE  
ORLANDO, FL 32825**

7. Name and Address of New Registered Agent  
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 May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OFF, JUAN E JR 10013 PORTALE AVE ORLANDO, FL 32825</b> <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
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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:** Juan E Jr MANAGING MEMBER 3/6/07 40721-1916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30011942

#L06000113331

I'm sorry I forgot  
to sign this form  
because I was outside  
of USA but I did  
the payment vch  
of \$50.00 on April

John G

Annual Report... OK

PLEASE READ REVERSE SIDE	DATE/AMOUNT
5553610306	04/15/00
135 NN	\$50.00
95517232755327	
55536103062	

MoneyGram  
Money Orders

KEEP A COPY OF THIS STUB  
FOR YOUR RECORDS/  
GUARDAR UNA COPIA DE  
ESTE RECIBO PARA SUS ARCHIVOS

EMPLOYEE  
606 (1/06) 500/5000  
M 88152-N