

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117070

FILED
Mar 03, 2009
Secretary of State

Entity Name: FLOOR & PAINT CONTRACTORS, LLC

Current Principal Place of Business:

21380 SW 87 PLACE
MIAMI, FL 33189 US

New Principal Place of Business:

Current Mailing Address:

21380 SW 87 PLACE
MIAMI, FL 33189

New Mailing Address:

FEI Number: 20-8022512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MENDOZA, PABLO
21380 SW 87 PLACE
MIAMI, FL 33189 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: V () Delete
Name: VALDES, JUAN M
Address: 21380 SW 87 PLACE
City-St-Zip: MIAMI, FL 33189 US

Title: V () Delete
Name: MENDOZA, FRANCES
Address: 21380 SW 87 PLACE
City-St-Zip: MIAMI, FL 33189 US

Title: P (X) Delete
Name: MENDOZA, PABLO
Address: 631 NW 82 AVE. #212
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: V (X) Change () Addition
Name: MENDOZA, FRANCES
Address: 21380 SW 87 PLACE
City-St-Zip: MIAMI, FL 33189 US

Title: P (X) Change () Addition
Name: MENDOZA, PABLO
Address: 631 NW 82 AVE. #212
City-St-Zip: MIAMI, FL 33126 US

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: PABLO MENDOZA

P

03/03/2009

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