

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-02-2007 90189 012 ****50.00

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DOCUMENT # L06000120957 1. Entity Name FROM THE FLOORS TO THE WALLS LLC					
Principal Place of Business 4316 UPPER MEADOW RD MULBERRY FL 33860 <i>4316 Upper Meadow Rd</i>			Mailing Address 4316 UPPER MEADOW RD MULBERRY FL 33860		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>4316 Upper Meadow Rd</i> Suite, Apt. #, etc.			
City & State Zip 33860 Country USA		City & State <i>Mulberry Florida</i> Zip 33860 Country USA		4. FEI Number 20-8098320	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD STE 101 TALLAHASSEE FL 32301-2960			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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>OWNER, MANAGER Joseph D Batchelor 4316 Upper Meadow Rd Mulberry FL 33860</i>			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		
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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: <i>Joseph D Batchelor</i> 2/20/07 (863) 398-9124 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					