## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000004872

Entity Name: SOUTHWEST FLOORING INNOVATIONS LLC

FILED Feb 19, 2009 Secretary of State

Current Principal Pla	ce of Business:	New Principal Place of Business:
1942WHEELING AVE. NORTH PORT, FL 34	288 US	
Current Mailing Add	ess:	New Mailing Address:
1942WHEELING AVE. NORTH PORT, FL 34	288 US	
FEI Number: 59-1223380	FEI Number Applied For()	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address o	f Current Registered Agent:	Name and Address of New Registered Agent:
BREWER, DARRERR 1942 WHEELING AVE NORTH PORT, FL 34		BREWER, DARRELL T 1942 WHEELING AVE. NORTH PORT, FL 34288 US
The above named enting the State of Florida.	ry submits this statement for the	purpose of changing its registered office or registered agent, or both,
SIGNATURE: DARRI	ELL T BREWER	02/19/2009
Electi	onic Signature of Registered A	ent Date
MANAGING MEMBERS/MA	NAGERS:	ADDITIONS/CHANGES:
Title: MGR Name: BREWER, D Address: 1942 WHEE City-St-Zip: NORTH POF		Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	( ) Delete	Title: MGR ( ) Change (X) Addition Name: MEFFORD, TRACI L Address: 1942 WHEELING AVE City-St-Zip: NORTH PORT, FL 34228
Title: Name: Address: City-St-Zip:	( ) Delete	Title: MGRM ( ) Change (X) Addition Name: BENNETT, KEVIN D Address: 3874 SE 7 PL City-St-Zip: CAPE CORAL, FL 33904
Title: Name: Address: City-St-Zip:	( ) Delete	Title: MGRM ( ) Change (X) Addition Name: EATON, ALVIE B Address: 9216 SCARLET OAK AVE City-St-Zip: FORT MYERS, FL 33967
Title: Name: Address: City-St-Zip:	( ) Delete	Title: MGRM ( ) Change (X) Addition Name: COLE, JASON Address: 292 MILL PORT ST NW City-St-Zip: PORT CHARLOTTE, FL 33948
Title: Name: Address: City-St-Zip:	( ) Delete	Title: MGRM ( ) Change (X) Addition Name: MCMAHON, SEAN Address: 292 MILL PORT ST NW City-St-Zip: PORT CHARLOTTE, FL 33948

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: KEVIN BENNETT MGRM 02/19/2009