

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006500

FILED  
Sep 01, 2009  
Secretary of State

**Entity Name:** REGAL FLOORING & BATH LLC

**Current Principal Place of Business:**

416 SCRIVEN AVE. SW  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

416 SCRIVEN AVE. SW  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:** 20-8254717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

WOOLSEY, NICOLE A MGR  
416 SCRIVEN AVENUE SW  
LIVE OAK, FL 32064 US

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: NICOLE A. WOOLSEY

09/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOOLSEY, NICOLE  
Address: 416 SCRIVEN AVE. SW  
City-St-Zip: LIVE OAK, FL 32064

Title: MGR ( ) Delete  
Name: WOOLSEY, BENJAMIN  
Address: 416 SCRIVEN AVE. SW  
City-St-Zip: LIVE OAK, FL 32064

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BENJAMIN A. WOOLSEY

MGR

09/01/2009

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