

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035056

Entity Name: OKLAS FLOORING, LLC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

11903 BLACKHEATH CIRCLE
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

11903 BLACKHEATH CIRCLE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-8767232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OMEROVIC, SAFET
11903 BLACKHEATH CIRCLE
ORLANDO, FL 32837 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: MGRM () Delete
Name: OMEROVIC, SAFET
Address: 11903 BLACKHEATH CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: OMEROVIC, ADNAN
Address: 1746 BOXENEY CT
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: OMEROVIC, NEDIM
Address: 11903 BLACKHEATH CIRCLE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

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

Title: OFF (X) Change () Addition
Name: OMEROVIC, NEDIM
Address: 11903 BLACKHEATH CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: OFF (X) Change () Addition
Name: BJELJAC, DUSAN
Address: 6527 CHERRY GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32809

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: SAFET OMEROVIC

MGRM

04/30/2009

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