2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L07000036667 03-24-2008 90236 044 ***138.75 PACE FLOORING SERVICES LLC Mailing Address Principal Place of Business P.O.BOX 695120 1341 NW 174 ST MIAMI, FL 33169 MIAMI.FL, 33269 US 60016657 3. Mailing Address box 695120 2. Principal Place of Business - No P.O. Box # 1341 NW 17481 Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 Chg-LLC CR2E083 (12/06) MIAMI City & State Applied For City & State 4. FEI Number MIAMI 33-1161324 Not Applicable Country USA 33269 Country DADE \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PACE, KELVIN D Street Address (P.O. Box Number is Not Acceptable) 1341 NW 174 ST MIAMI, FL 33169 City 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. 3-19-2008 DATE ace ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE Delete TITLE Change Addition NAME PACE, KELVIN D NAME 1341 NW 174 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CFTY-ST-ZIP TITLE Delete 1m F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowerse to execute this report as required by Chapter 608, Florida Statutes. 3-19-2008 786-897-828 a ce G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 24, 2008 8:00 am