


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90087 045 \*\*\*138.75

DOCUMENT # L07000038587			
1. Entity Name P AND M WOOD FLOORS, LLC.			
Principal Place of Business <del>5401 N.W. 15TH ST</del> <del>MARGATE, FL 33063</del> <b>NEW ADDR</b> <b>4911 N.W. 55TH ST</b> <b>TAMARAC, FL 33319</b>		Mailing Address <b>2800 E. COMMERCIAL BLVD.</b> <b>SUITE # 203</b> <b>FORT LAUDERDALE, FL 33308</b> <b>USA</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>13900 S. JOG ROAD</b> <b># 203-276</b> <b>DELRAY BEACH, FL</b> <b>33446</b> <b>USA</b>	
Suite, Apt. #, etc.			
City & State			
Zip	Country		
6. Name and Address of Current Registered Agent <b>ALLEN H. KATZ, P.A.</b> <b>2800 E. COMMERCIAL BLVD.</b> <b>SUITE # 203</b> <b>FORT LAUDERDALE, FL 33308</b> <i>New Address</i>		7. Name and Address of New Registered Agent <b>ALLEN H KATZ, P.A.</b> <b>13900 S. JOG ROAD</b> <b># 203-276</b> <b>DELRAY BEACH, FL</b> <b>33446</b> <b>L</b> 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILINSKA, GEORGE 4911 N.W. 55TH STREET TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Przemela Bilinska</del> <del>4911 NW 55th Street</del> <del>TAMARAC, FL 33319</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *George Bilinska* **George Bilinska** (X) 3-22-08 (X) 954-972-0151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #