

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049043

FILED
Jun 15, 2009
Secretary of State

Entity Name: CASTROS FLOORING LLC

Current Principal Place of Business:

5110 ANDREW ST
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

5110 ANDREW ST
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 35-2298061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CASTRO, ARNALDO
5110 ANDREW ST
JACKSONVILLE, FL 32254 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: CASTRO, ARNALDO
Address: 5110 ANDREW ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: MGRM () Delete
Name: ARGUETA, JESUS
Address: 5101 ANDREWS ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: MGRM () Delete
Name: CASTELLANOS MATUTE, IRIA YANELLY
Address: 5101 ANDREWS ST
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES:

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

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: ARNALDO CASTRO

MGRM

06/15/2009

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