


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 21, 2008 8:00 am
Secretary of State

04-23-2008 90127 040 ***138.75

DOCUMENT # L07000058137			
1. Entity Name WILLIAM YOUNANS FLOOR COVERING, LLC			
Principal Place of Business		Mailing Address	
110 NICOLE DRIVE APT. #1 PALATKA, FL 32177		110 NICOLE DRIVE APT. #1 PALATKA, FL 32177	
2. Principal Place of Business - No P.O. Box # 134 Karen Court Suite, Apt. #, etc.		3. Mailing Address 134 Karen Court Suite, Apt. #, etc.	
City & State Palatka, FL		City & State Palatka, FL	
Zip 32177		Country USA	
4. FEI Number 68-0652554		Applied For Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent YOUNANS, WILLIAM 110 NICOLE DRIVE APT. #1 PALATKA, FL 32177		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 134 Karen Court City Palatka FL Zip Code 32177	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM WILLIAM YOUNANS 134 Karen Court Palatka, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William Youmans		Date: 4/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	