


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90145 023 \*\*\*138.75

DOCUMENT # L07000059903			
1. Entity Name ROBIN DANIELS WALLCOVERING, LLC			
Principal Place of Business 811 CAMELLIA AVENUE ALTAMONTE SPRINGS FL 32714 US		Mailing Address 811 CAMELLIA AVENUE ALTAMONTE SPRINGS FL 32714 US	
2. Principal Place of Business - No P.O. Box 811 Camellia Av		3. Mailing Address 811 Camellia Av	
City & State Altamonte Springs FL		City & State Altamonte Springs FL	
Zip 32714		Country US	
4. FEI Number 510504181		Applied For No: Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, ROBIN 811 CAMELLIA AVE. ALTAMONTE SPRINGS FL 32714		7. Name and Address of New Registered Agent Name: <i>M/A Robin Daniels Wallcovering</i> Street Address (P.O. Box Number is Not Acceptable): <i>811 Camellia Ave.</i> City: <i>Altamonte Spgs FL</i> Zip Code: <i>32714</i>	
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: <i>Robi Davil</i> DATE: <i>4-7-08</i>			
<p><b>FILE NOW!!! FEE IS \$138.75</b>  <b>After May 1, 2008, Fee Will Be \$638.75</b>  <b>Make Check Payable to Florida Department of State</b></p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <i>MEM Robin Daniels 811 Camellia Av, Altamonte Spr, FL 32714</i>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input 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 Section 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 80B, Florida Statutes.			
SIGNATURE: <i>Robi Davil</i>		DATE: _____	