

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000086274

**FILED**  
**Sep 13, 2011**  
**Secretary of State**

**Entity Name:** THE FLOOR SURGEONS, LLC

**Current Principal Place of Business:**

2425 OLD VINELAND RD  
108  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

2425 OLD VINELAND RD  
108  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

**FEI Number:** 13-4364527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRONGONE, NICHOLAS A MGRM  
2425 OLD VINELAND RD  
108  
KISSIMMEE, FL 34746 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  
**Name:** TRONGONE, NICHOLAS A  
**Address:** 2425 OLD VINELAND RD  
**City-St-Zip:** KISSIMMEE, FL 34746 US

**Title:** MGRM  
**Name:** FURST, MICHAEL L  
**Address:** 2425 OLD VINELAND ROAD  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** MGRM  
**Name:** DEKIN, MATTHEW  
**Address:** 2425 OLD VINELAND ROAD  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** MGRM  
**Name:** WALTERS, JAMES B  
**Address:** 2425 OLD VINELAND ROAD  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** MGRM  
**Name:** CASEY, CLARENCE  
**Address:** 2425 OLD VINELAND ROAD  
**City-St-Zip:** KISSIMMEE, FL 34746

I hereby 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:** NICHOLAS A. TRONGONE

MGRM

09/13/2011

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