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

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FILED
May 22, 2008 8:00 am
Secretary of State

04-15-2008 90113 015 ***138.75

DOCUMENT # L07000087913

1. Entity Name

FLORIDA HOME DECOR LLC

Principal Place of Business	Mailing Address
2772 CHALLENGER DR. PALM HARBOR FL 34683 US	2772 CHALLENGER DR. PALM HARBOR FL 34683 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4958 KLOSTERMAN OAKS CT.		4958 KLOSTERMAN OAKS CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PALM HARBOR - FL,		City & State: PALM HARBOR, FL.	
Zip: 34683	Country: FL, USA	Zip: 34683	Country: USA

4. FEI Number 74-3235234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NICAJ, VATA
~~2772 CHALLENGER DR.~~ #4958 KLOSTERMAN OAKS CT
~~PALM HARBOR FL 34683~~ PALM HARBOR FL, 34683

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (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	☐ Delete	TITLE OWNER NAME VATA NICAJ STREET ADDRESS #4958 KLOSTERMAN OAKS CT CITY-ST-ZIP PALM HABROR, FL, 34683	■ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: [signature] 4-01-08 727/385-7834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #