2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 25, 2008 8:00 am Secretary of State

DOCUMENT # L0700088838 1. Entity Name ABSOLUTE FLOORING CONCEPTS, LLC						06-06-20	08 90104 003	***150.00
Principal Place of Business 2774 CARRIER AVE SANFORD, FL 32773 US		Mailing Address 2774 CARRIER AVE SANFORD, FL 32773 US		20010342				
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06052008 Chg-LLC CR2E083 (12/06)			
City & State		City & State			4. FEI Numb	083905	-/	Applied For Not Applicable
Zip	Country	Žip	Zip Country		5. Certificate of Status Desired \$5.00 Additional Fee Required			
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
BLOCK, GERALD				Street Address (P.O. Box Number is Not Acceptable)				
2774 CAR SANFORD	RIER AVE), FL 32773	Street Accres		Street Acoress (P.O. BOX NUMI	Del is Not Acceptable	" ————————————————————————————————————	
· . ;;.	<u></u>			City			FL Zip C	ode
*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 tide if applicable (NOTE: Registered Agent applicable end tide if applicable) [NOTE: Registered Agent application resolution of restation of the contraction of the contracti								
- FILE NOWIII FEE IS \$138.75 In accordance with s. 807.19 Due by September 12, 2008 Ilability company did not receive				(3(2)(b), F.S., the eive the prior not	ne limited Make check payable to otice. Florida Department of State			
9.	MANAGING MEMBE		10.	· · ·		ADDITIONS/	CHANGES	
TITLE	MGR BLOCK, GERALD	☐ Delete	TITLE				Chang	e 🔲 Addition
STREET ADDRESS	2774 CARRIER AVE			I ADORESS				
ITILE	SANFORD, FL 32773	Delete	CITY-S	51- 207			Chang	e 🔲 Addition
NAME	WILLIS, THOMAS	C.J Delete	NAME				C. Ownit	
STREET ADDRESS CITY-ST-ZIP	2774 CARRIER AVE SANFORD, FL 32773		STREET CUTY-S	ADOFESS				į
TITLE	3444 545,12 52775	☐ Deleta	TITLE	, t-			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS			NAME	I AUDRESS				
CITY-ST-ZIP			CITY-S	i				
TITLE		☐ Delete	TITLE				☐ Chang	e Addition
NAME STREET ADDRESS			NAME STREET	I ADDRESS				
CITY-SI-ZIP			ary-s	ST-ZIP				
TITLE NAME		C Octob	TITLE				☐ Chang	e 🗌 Addition
STREET ADDRESS			STREET	ADOPESS				
CTTY-SI-ZIP		☐ Deleta	CITY-S TITLE	51-ZIP			☐ Chang	e 🔲 Addillion
MAKE		ب مجدد	MANE					
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADORESS ST-ZIP				ſ
11. I hereby i	I certify that the information supplied with	this filing does not quality for	the exem	notions contained i	n Chapter 119	, Florida Statutes, I fu	rther certify that the in	nformation
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 illmited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 407 330-2887 SIGNATURE AND TYPE OR PRINTED HABITAL MANAGER, OR ALITHORIZED REPRESENTATIVE Date DOWNER Prove 8								