

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

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

04-23-2008 90120 043 ***138.75

DOCUMENT # L07000110442	
1. Entity Name FENDER FLOORS, LLC	

Principal Place of Business 269 SE 8 AVENUE DEERFIELD BEACH FL 33441	Mailing Address 269 SE 8 AVENUE DEERFIELD BEACH FL 33441 US
--	--

2. Principal Place of Business - No P.O. Box # 269 SE 8th Av	3. Mailing Address 269 SE 8th Av
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deerfield Beach FL	City & State Deerfield Beach FL
Zip 33441	Country
Country	Zip 33441
Country	Country

1st MOORE CR2E083 (10/07)



4. FEI Number 61-154-4780	Applied For Not Applicable
------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent SAYAG, ALON 269 SE 8 AVENUE DEERFIELD BEACH FL 33441	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 _____ (NOTE: Registered Agent signature required when resigning) 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 President Manager ALON SAYAG 269 SE 8th Av Deerfield Beach FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.

SIGNATURE:  4.8.08 5612551908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAY Daytime Phone #