

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121451

FILED
Jun 18, 2009
Secretary of State

Entity Name: WILL EDMONSON FLOORING LLC

Current Principal Place of Business:

112 SHADOW LAWN LN
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

112 SHADOW LAWN LN
PENSACOLA, FL 32507

New Mailing Address:

10231 CANDLESTICK LANE
PENSACOLA, FL 32514

FEI Number: 75-3263242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EDMONSON, WILLIAM
112 SHADOW LAWN LN
PENSACOLA, FL 32507 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 () Delete
Name: EDMONSON, WILLIAM
Address: 112 SHADOW LAWN LN
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM () Delete
Name: EDMONSON, JULIA
Address: 112 SHADOW LAWN LN
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM A. EDMONSON

MGRM

06/18/2009

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