

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003096

FILED
Mar 24, 2009
Secretary of State

Entity Name: JASON ELLIOTT'S FLOORING LLC

Current Principal Place of Business:

1190 STATELY OAK DR
INVERNESS, FL 34453

New Principal Place of Business:

4636 E DOESKIN LOOP
INVERNESS, FL 34452

Current Mailing Address:

1190 STATELY OAK DR
INVERNESS, FL 34453

New Mailing Address:

4636 E DOESKIN LOOP
INVERNESS, FL 34452

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, JASON A
1190 STATELY OAK DR
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

ELLIOTT, JASON A
4636 E DOESKIN LOOP
INVERNESS, FL 34452 US

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: JASON ELLIOTT

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELLIOTT, JASON A
Address: 1190 STATELY OAK DR
City-St-Zip: INVERNESS, FL 34453 US

Title: MGR () Delete
Name: ELLIOTT, ELIZABETH R
Address: 1190 STATELY OAK DR
City-St-Zip: INVERNESS, FL 34453 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ELLIOTT, JASON A
Address: 4636 E DOESKIN LOOP
City-St-Zip: INVERNESS, FL 34452 US

Title: MGR (X) Change () Addition
Name: ELLIOTT, ELIZABETH R
Address: 4636 E DOESKIN LOOP
City-St-Zip: INVERNESS, FL 34452 US

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: JASON ELLIOTT

MGR

03/24/2009

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