

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040547

FILED
May 07, 2009
Secretary of State

Entity Name: TRUE WOOD FLOOR COVERING LLC

Current Principal Place of Business:

27 SHELDON ST
SOPCHOPPY, FL 32358

New Principal Place of Business:

2656 ONYX TRAIL
TALLAHASSEE, FL 32303

Current Mailing Address:

27 SHELDON ST
SOPCHOPPY, FL 32358

New Mailing Address:

2656 ONYX TRAIL
TALLAHASSEE, FL 32303

FEI Number: **FEI Number Applied For (X)** **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:

MCKENZIE, SHAUN
27 SHELDON ST
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

MCKENZIE, SHAUN
2656 ONYX TRAIL
TALLAHASSEE, FL 32303 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: _____

05/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCKENZIE, SHAUN
Address: 27 SHELDON ST
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCKENZIE, SHAUN
Address: 2656 ONYX TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

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: SHAUN MCKENZIE

MGRM

05/07/2009

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