2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# L08000046607

Entity Name: TS FLOORS, LLC

Current Principal Place of Business:

1760 TREE BOULEVARD
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

725 NORTH OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

New Mailing Address:

1760 TREE BOULEVARD
ST. AUGUSTINE, FL 32084

FEI Number: 04-3640228 **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:

WEBER, SCOTT P
100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602 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: MGR ( ) Delete
Name: MARINO, THOMAS
Address: 725 NORTH OCEANSHORE BLVD.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MARINO, THOMAS
Address: 1760 TREE BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: CFO ( ) Change (X) Addition
Name: BOWMAN III, CHARLES R CFO
Address: 1760 TREE BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084 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: THOMAS MARINO MGR 06/10/2009

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