

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152034

Entity Name: L2 FLOOR CARE, INC.

FILED
Jul 29, 2009
Secretary of State

Current Principal Place of Business:

2536 44TH ST SW
NAPLES, FL 34116

New Principal Place of Business:

3280 BERMUDA ISLAND CIR
539
NAPLES, FL 34109

Current Mailing Address:

2536 44TH ST SW
NAPLES, FL 34116

New Mailing Address:

3280 BERMUDA ISLAND CIR
539
NAPLES, FL 34109

FEI Number: 20-3792913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIZARRALDE, RICARDO
2536 44TH ST SW
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

LIZARRALDE, RICARDO
3280 BERMUDA ISLAND CIR
539
NAPLES, FL 34109 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:

07/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LIZARRALDE, RICARDO
Address: 2536 44TH ST SW
City-St-Zip: NAPLES, FL 34116 US

Title: MNGR (X) Delete
Name: LIZARRALDE, ANDRES F
Address: 161 GRANT BV
City-St-Zip: LEHIGH ACRES, FL 33974 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: LIZARRALDE, RICARDO
Address: 3280 BERMUDA ISLAND CIR / 539
City-St-Zip: NAPLES, FL 34116 US

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO LIZARRALDE

PSTD

07/29/2009

Electronic Signature of Signing Officer or Director

Date