

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000263744

**Entity Name:** FLOORING FOR ALL, LLC

**Current Principal Place of Business:**

15210 AMBERLY DR  
15210 AMBERLY DR APT 1412  
TAMPA, FL 33647

**Current Mailing Address:**

15210 AMBERLY DR  
APT 1412  
TAMPA, FL 33647 US

**FEI Number:** 30-1150224

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NUNES, MARCELO  
15210 AMBERLY DR  
APT 1412  
TAMPA, FL 33647 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                               |                 |                                 |
|-----------------|-----------------------------------------------|-----------------|---------------------------------|
| Title           | AMBR                                          | Title           | AMBR                            |
| Name            | NUNES, MARCELO                                | Name            | DE SOUZA NUNES, VIVIANE CLAUDIA |
| Address         | 15210 AMBERLY DR<br>APT 1412                  | Address         | 15210 AMBERLY DR<br>APT 1412    |
| City-State-Zip: | TAMPA FL 33647                                | City-State-Zip: | TAMPA FL 33647                  |
|                 |                                               |                 |                                 |
| Title           | AUTHORIZED MEMBER                             |                 |                                 |
| Name            | DOS SANTOS, ALEXANDRE CORTELLI                |                 |                                 |
| Address         | 15210 AMBERLY DR<br>15210 AMBERLY DR APT 1412 |                 |                                 |
| City-State-Zip: | TAMPA FL 33647                                |                 |                                 |

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARCELO NUNES

AMBR

07/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date