No. W 43808		Due no later than Oct 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		T.J. ANGSTMAN 3649 LAKEHARBOR LANE BOISE ID 83703 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	FLOATIN, LI STEVEN L. 4551 MAUR	1. Mailing Address: Correct in this box if needed. FLOATIN, LLC STEVEN L. SOARES 4551 MAUREEN CIRCLE LIVERMORE CA 94550 USA					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Er	ter Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	EN SOARES EN LEE SOARES	4551 MAUREEN CIRCLE 4551 MAUREEN CIRCLE	LIVERMORE LIVERMORE	CA CA	USA	94550 94550	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID	Signature:	Signature: Steven Soares		Date: 08/21/2018			
W 43808	Name (type	Name (type or print): Steven Soares		Title: Manager			
Processed 08/21/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.					