

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007849

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA CARPETS, L.L.C.

**Current Principal Place of Business:**

1935 NW 18TH STREET  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1935 NW 18TH STREET  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

CORPORATE REGISTERED AGNET, LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103    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: MGRM    ( ) Delete  
Name: NORTH, JOSEPH C COO  
Address: 10329 MEDICIS PLACE  
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM    ( ) Delete  
Name: SENOMA, INC.,  
Address: 1935 NW 18TH STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM    ( ) Delete  
Name: SCANLAN, FRANCIS X CFO  
Address: 1935 NW 18 ST  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM    ( ) Delete  
Name: SEEGER, SHANNON E T  
Address: 1034 NW 121 LANE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM    ( ) Delete  
Name: SEEGER, KENNETH V P  
Address: 1034 NW 121 LANE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: FRANCIS X SCANLAN                      MGRM                      03/19/2009

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