

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000051104

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** SCOTTY'S CARPET CARE, L.L.C.

**Current Principal Place of Business:**

5020 CYPRESS LINKS BLVD.  
ELKTON, FL 32033

**New Principal Place of Business:**

**Current Mailing Address:**

5020 CYPRESS LINKS BLVD.  
ELKTON, FL 32033

**New Mailing Address:**

**FEI Number:** 02-0712738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DOBSTON, GEOFFREY B  
66 CUNA STREET, SUITE A  
ST. AUGUSTINE, FL 32084 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  
**Name:** JACOBSON, SCOTTY L  
**Address:** 5020 CYPRESS LINKS BLVD.  
**City-St-Zip:** ELKTON, FL 32033

I hereby 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:** SCOTTY JACOBSON

OWNE

01/11/2010

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