


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-08-2008 90102 006 ***138.75

DOCUMENT # L04000005652
 1. Entity Name
MARSHALL GONEKE FLOOR COVERING LLC



Principal Place of Business 27235 COUNTY RD. 26 W. ELBERTA, AL 36530 US	Mailing Address 27235 COUNTY RD. 26 W. ELBERTA, AL 36530 US
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30009118



06022008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THE CARPET MARKET
 8963 PENSACOLA BLVD
 PENSACOLA, FL 32534

MARSHALL GONEKE
704 BLUE SPRINGS DR.
PENSACOLA FL 32506

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Marshall E Goneke* DATE: *6-2-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONEKE, MARSHALL E 27235 COUNTY RD. 26 W. ELBERTA, AL 36530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Marshall E Goneke* Date: *6-2-08* 850-392-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #