


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000009394
 1. Entity Name
ADELE CARPETS LLC



Principal Place of Business 121 TERIWOOD STREET FERN PARK, FL 32730 US	Mailing Address 121 TERIWOOD STREET FERN PARK, FL 32730 US
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01302005No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4549038	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
 LEGALZOOM NEVADA, INC.
 44 W. FLAGLER ST.
 SUITE 675
 MIAMI, FL 33130

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIZZINO, JAMES T 121 TERIWOOD STREET FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIZZINO, JAMES T JR 121 TERIWOOD STREET FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIZZINO, MARY A 121 TERIWOOD STREET FERN PARK, FL 32730
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 04/13/05-80086-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary A. Trizzino **MARY A. TRIZZINO** 4/11/05 9542550533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #