2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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## **FILED** DOCUMENT # L01000007650 May 01, 2006 08:00 Al Secretary of State 1. Entity Name . DISCOUNT CARPET WAREHOUSE, LLC Principal Place of Business Mailing Address 105 A COLONIA LN. EAST NOKOMIS FL 34275 105 A COLONIA LN. EAST NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For City & State City & State 65-1103922 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA FL 34233 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change TITLE MGRM Delete TITLE ☐ Addition NAME NAME WHITTINGTON, RANDALL STREET ADDRESS 1100000549917 STREET ADDRESS 3736 ACORN ST. CITY-ST-7/P 13/06-80040-008 50.00 CITY-ST-ZIP NORTH PORT FL 34286 TITLE Delete TITLE Change Addition MGRM NAME NAME WHITTINGTON, BRENDA STREET ADDRESS STREET ADDRESS 3736 ACORN ST. CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL 34286 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY - ST- ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete THLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CHTY - ST - 71P CITY - ST - ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 respirer or trustee suppowered to execute this report as required by Chapter 608, Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE