


FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90273 023 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000008581																											
1. Entity Name SCOTT BARONE'S QUALITY CARPET INSTALLATION, LLC																											
Principal Place of Business 1207A KINGSTON ST. ORLANDO, FL 32807		Mailing Address 1207A KINGSTON ST. ORLANDO, FL 32807																									
2. Principal Place of Business 308 Copperstone Circle Suite, Apt. #, etc.		3. Mailing Address 308 Copperstone Circle Suite, Apt. #, etc.																									
City & State Casselberry FL		City & State Casselberry FL																									
Zip 32707		Zip 32707																									
Country US		Country US																									
6. Name and Address of Current Registered Agent HODGES, GEORGE 585 S. RONALD REAGAN BLVD, SUITE 121 LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name: Scott Barone Street Address (P.O. Box Number is Not Acceptable): 308 Copperstone Circle City: Casselberry FL Zip Code: 32707																									
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: <i>Scott Barone</i> DATE: 4/6/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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: <i>Scott Barone</i> DATE: 4/6/04		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																									