

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90137 012 \*\*\*150.00

DOCUMENT # L03000045922

1. Entity Name  
EPPERS CARPET CLEANING & FLOORING LLC



Principal Place of Business

P O BOX 827  
LAKELAND, FL 33802-0827

33806-0827

Mailing Address

P O BOX 827  
LAKELAND, FL 33802-0827

24003003



2. Principal Place of Business

1625 ARIANA (883)

3. Mailing Address

Same 1625 Ariana

04302004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 183

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

200401771

Applied For

Not Applicable

Zip

33803

Country

FL

Zip

33803

Country

FL

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EPPERS, PATRICK  
1625 ARIANA AVE # 183  
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME EPPERS, PATRICK  
STREET ADDRESS P O BOX 827  
CITY-ST-ZIP LAKELAND, FL 33802-0827 33806 ☐ Delete

TITLE MGR  
NAME EPPERS, LYLE  
STREET ADDRESS P O BOX 827  
CITY-ST-ZIP LAKELAND, FL 33802-0827 33806 ☐ Delete

TITLE MGR  
NAME EPPERS, DORIS  
STREET ADDRESS P O BOX 827  
CITY-ST-ZIP LAKELAND, FL 33802-0827 33806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Doris Eppers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(863)  
4-29-04 603-7033

Date

Daytime Phone #

130<sup>th</sup> CA # 1096