

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90078 050 \*\*\*\*50.00

|   |  |   |
|---|--|---|
| DOCUMENT # L03000045922                                 |  |  |
| 1. Entity Name<br>EPPERS CARPET CLEANING & FLOORING LLC |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>1625 ARIANA (103) 1653 Poppy Cir.<br>LAKELAND, FL 33802-0827<br><del>33802</del><br>33803 | Mailing Address<br>P O BOX 827 8827<br>LAKELAND, FL 33802-0827<br><del>33806</del><br>33806- |
|--|--|

20052701



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

08052006 Chg-LLC CR2E083 (11/05)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-0401771 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>EPPERS, PATRICK<br>1625 ARIANA AVE #103 1653 Poppy Cir.<br>LAKELAND, FL 33803<br><del>33802</del><br>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 <i>P. Eppers</i>  | DATE 8-14-06 |

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

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by September 6, 2006<br>CRA 2304 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EPPERS, PATRICK<br>P O BOX 827<br>LAKELAND, FL 33806 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EPPERS, LYLE<br>P O BOX 827<br>LAKELAND, FL 33806 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EPPERS, DORIS<br>P O BOX 827<br>LAKELAND, FL 33806 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: <i>P. Eppers</i>   | Date 8-14-06 | Daytime Phone # 813-2033 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |              |                          |