

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
 EPPERS CARPET CLEANING & FLOORING LLC



Principal Place of Business
 1625 ARIANA (103) 1653 Poppy Cir,
 LAKE LAND, FL 33802-0827
~~33802~~
 33803

Mailing Address
 P O BOX 827
 LAKE LAND, FL 33802-0827
~~33802~~
 33806

20052701



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

08052006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
 EPPERS, PATRICK
 1625 ARIANA AVE #103 1653 Poppy Cir,
 LAKE LAND, FL 33803
~~33802~~
 33803

4. FEI Number
 20-0401771

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 P. Eppers 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 Due by September 6, 2006
 CAR 2309

Make check payable to Florida Department of State

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

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: P. Eppers DATE 8-14-06 DAYTIME PHONE # 813-603-7033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE