2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 03, 2004 8:00 am
Secretary of State

01-20-2004 90205 037 ****50.00

DOCUMENT # L03000046192

1. Entity Name
CARPET MAN, LLC

Principal Place of Business	Mailing Address
1790 TOWNSEND OAKS CIRCLE ORLANDO, FL 32826 US	1790 TOWNSEND OAKS CIRCLE ORLANDO, FL 32826 US

01082004 Chg-LLC CR2E083(10/03) 17a

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: Orange	Zip / Country: ORAnge

4. FEI Number: 20-0409637 (EIN) ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANTON, JAMES F
1790 TOWNSEND OAKS CIRCLE
ORLANDO, FL, FL 32826

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	☐ Delete
NAME	ANTON, JAMES F	
STREET ADDRESS	1790 TOWNSEND OAKS CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

I'm sorry for missing Block Four. I was told I didn't need to send another fee. Any further problems, please contact me at 407-568-5475-H or 407-719-6329-C
Thanks for your Help. James Anton

☐ 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: James F. Anton 1-14-04 407-568-5475 407-719-6329 Cell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

James F. Anton 1-29-04 SAME