

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046192

1. Entity Name  
CARPET MAN, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 13 AM 10:22

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

Mailing Address  
1790 TOWNSEND OAKS CIRCLE  
ORLANDO, FL 32826 US

**DO NOT WRITE IN THIS SPACE**

06302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
20-0409637

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

**DO NOT WRITE  
IN THIS SPACE**

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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400059749244  
09/19/05--01059--007 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

9-1-05 407-568 5475