

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000049194 1. Entity Name PAT'S CARPET SERVICE LLC	
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Principal Place of Business 244 BEACHVIEW DR. NE FORT WALTON BEACH, FL 32547	mailing Address 244 BEACHVIEW DR. NE FORT WALTON BEACH, FL 32547
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04082006 No Chg. LLC

CR2E013 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number:
NOT APPLICABLE

Applied For
Not Application

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSNEY, PATRICK S
244 BEACHVIEW DR. NE
FORT WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

7. 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

(Print name, typed or printed name of registered agent and state of domicile)

(Print name, typed or printed name of registered agent and state of domicile)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

8. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOSNEY, PATRICK S
STREET ADDRESS	244 BEACHVIEW DR. NE
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

05/01/06-80054-015 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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, and 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 800, Florida Statutes.

SIGNATURE:

Patrick S. Gosney

PATRICK S. GOSNEY

4-12-06

850-585-4701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE)

Date

Signature Print