2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049194

1. Entity Name
PAT'S CARPET SERVICE_LLC



FILED Apr 19, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

244 BEACHVIEW DR. NE FORT WALTON BEACH, FL 32547 244 BEACHVIEW DR. NE FORT WALTON BEACH, FL 32547



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

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 Ine above named entity submits this statement for the purpose of chat the obligations of registered agent. 	anging its registered office or registered agent, or both, in the	State of Pionoa. I am familiar with, and accep
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when renatating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM GOSNEY, PATRICK S
STREET ADDRESS	244 BEACHVIEW DR. NE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET AODRESS	
CITY-ST-ZIP	
TITLE	
NAME STREET ADORESS	
CATY-ST-ZIP	
TITLE	<u> </u>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TIRE	
NAME	
STREET ADDRESS	
CTTY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000718339 05/01/07-80018-004 55.00

11. I hereby certify that the information supplied with this filling 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 eath; 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: John & Domy

PATRICK S. GOSNEY

4-13-07

850-585-4701

Date

Daveme Phone