

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000049712 1. Entity Name ELLA RASMUSSEN CARPET, LLC					
Principal Place of Business 4339 PERDIDO STREET PENSACOLA FL 32506-4240			Mailing Address 4339 PERDIDO STREET PENSACOLA FL 32506-4240		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3238543	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RASMUSSEN, MICHAEL A 4339 PERDIDO STREET PENSACOLA FL 32506-4240				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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RASMUSSEN, ELLA M 4339 PERDIDO STREET PENSACOLA FL 32506-4240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000401703 02/02/06-80056-007 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASMUSSEN, MICHAEL A 4339 PERDIDO STREET PENSACOLA FL 32506-4240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ELLA Rasmussen 01/23/2006 850-455-9751