, 2006 LIMITED LIABILITY COMPANY . ANNUAL REPORT (AR)

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

. ANNUAL REPORT (AR)					
DOCUMENT # L03000050216					Ell Ell
1. Entity Name				SECRETARY OF STATE	
JS FLOOR COVERING, LLC				SECRETARY OF STATE DIVISION OF CORPORATIONS	
				N. S.	0CT 16 AM 9: 05
Principal Place of Business Mailing Address				74 001 10 AM 9: 05	
CARPET & VINYL CARPET & VINYL 2048 SE 16TH STREET 2048 SE 16TH STREET				I IRZWEN AN ZANKA NIM ARM ARM ARM ARM AND SAIR SWAN ARM MEET WALK AND AN ARM	
CAPE CORAL FL 33990 CAPE CORAL FL 33990					
					-   AN / I INCENDEN AN RELIAN ININ BENIF BERN BENIF BERN BENIF BERN BERN BENIF BENEFIN IN 1981
Principal Place of Business     Address     Mailing Address					I/AX
Suite, Apt. #, etc.  Suite, Apt. #, etc.				2nd MOORE CR2E083 (4/06)	
City & State City & State		City & State			4. FEI Number 84-1628764 Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent	
SULLIVAN, JASON					
2048 SE 16TH STREET CAPE CORAL FL 33990			Street Address (P.O. Box Number is Not Acceptable)		
	1 E OOME 1 E 33330				
			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 punited name of registered agent and title if applicable INOTE. Registered Agent signature required when runnistating!  DATE					
FILE NOW!!! FEE IS \$50.00					
		Make Check Payabi	e to Fl	orida Departm	
			/ Septe	mber 6, 2006	
9.	MANAGING MEMBER		10.	.	ADDITIONS/CHANGES  Change Addition
NAME	SULLIVAN, JASON	Delete	NAM		-·
STREET ADDRESS	2048 SE 16TH STREET	Ame		ET ADDRESS	800080265048 09/28/0601043017 ***50.00
CITY-ST-ZIP	CAPE CORAL FL 33990	<u>/\</u>	-1	-ST-ZIP	
TITLE NAME		☐ Delete	TITLI	<b>I</b>	☐ Change ☐ Addition
STREET ADDRESS				ET ADDRESS	899080265048 18/27/8601053086 **108.08
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MLE .	•	☐ Delete	TITL		☐ Change ☐ Addition
NAME			NAM		
STREET ALDIESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	
11 Thereby o	Lentify that the information supplied with the	s filme does not qualify for the	evenno	tions contained in (	Chapter 119, Florida Statutes. I further certify that the information indicated on
11. I hereby certify that the information supplied with this filing-sizes not quality 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 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.					

10-12-06 Date