

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000050216

1. Entity Name

JS FLOOR COVERING, LLC



Principal Place of Business

Mailing Address

CARPET & VINYL  
2048 SE 16TH STREET  
CAPE CORAL FL 33990

CARPET & VINYL  
2048 SE 16TH STREET  
CAPE CORAL FL 33990

2. Principal Place of Business - No P.O. Box #

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1628764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, JASON  
2048 SE 16TH STREET  
CAPE CORAL FL 33990

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jason Sullivan*

**4.3.07**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

MGR  
SULLIVAN, JASON  
2048 SE 16TH STREET  
CAPE CORAL FL 33990

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

U000000694358  
04/17/07-80016-003 50.00

☐ Change ☐ Addition

TITLE  
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CITY-STATE-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:

*Jason E. Sullivan*

JASON E. SULLIVAN

**4.3.07**

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

Date

Daytime Phone #