

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90075 023 \*\*\*\*50.00

**DOCUMENT # L03000051121**

1. Entity Name

CARMEN DEJOHN WALLCOVERINGS SERVICE, LLC



Principal Place of Business

2820 NE 48TH COURT  
 LIGHTHOUSE POINT FL 33064

Mailing Address

2820 NE 48TH COURT  
 LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E083 (11/03)

4. FEI Number

20-0509500

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DEJOHN, CARMEN  
 2820 NE 48TH COURT  
 LIGHTHOUSE POINT FL 33064

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  Delete  
 NAME DEJOHN, CARMEN  
 STREET ADDRESS 2820 NE 48TH COURT  
 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE  Delete  
 NAME  
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10. ADDITIONS/CHANGES

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CARMEN DEJOHN *Carmen DeJohn*

4-25-04

954-931-2913

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

Date

Daytime Phone #