

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



01122005No Chg-LLC CR2E083 (10/03)

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

**DO NOT WRITE IN THIS SPACE**

8. The above named entry 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 with Local tags) DATE: \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

NAME	MGR
NAME	DEJOHN, CARMEN
HOME ADDRESS	2820 NE 48TH COURT
CITY-STATE-ZIP	LIGHTHOUSE POINT, FL 33064
NAME	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	

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 02/09/05-80024-020 50.00  
**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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* 1-30-05 954-931-2913  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #