



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051393	
1. Entity Name WILLIAM BOJO CARPET SERVICE, LLC	

Principal Place of Business 424 AVE. D, S.E. WINTER HAVEN, FL 33880	Mailing Address 424 AVE. D, S.E. WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE

	
07042006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 90-0141967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOJO, WILLIAM D 424 AVE. D, S.E. WINTER HAVEN, FL 33880
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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 re-registering) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	UD00000576384 09/07/06-80003-008 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOJO, WILLIAM D 424 AVE. D, S.E. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOJO, DEBORAH J 424 AVE. D, S.E. WINTER HAVEN, FL 33880
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11. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: William Bojo 9-4-06 8632992991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #