

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000055407

1. Entity Name
CAROL'S WALLCOVERING, LLC



Principal Place of Business
10926 KNOTTINGBY DRIVE
JACKSONVILLE, FL 32257

Mailing Address
10926 KNOTTINGBY DRIVE
JACKSONVILLE, FL 32257



05102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0670774

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ZEBERT, CAROLINE L
10926 KNOTTINGBY DRIVE
JACKSONVILLE, FL 32257

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IN THIS SPACE**

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 resigning)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

U00000565984
05/24/06-80003-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ZEBERT, CAROLINE L
10926 KNOTTINGBY DRIVE
JACKSONVILLE, FL 32257

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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:

Caroline L. Zebert

5/21/06

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

Date

Daytime Phone #