## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Jul 24, 2006 08:00 AM **Secretary of State** 

	DOCL	<b>JMENT</b>	#1	03000	055868
--	------	--------------	----	-------	--------

CARPET INSTALLATION BY JOHN A. BORING, L.L.C.



Principal Place of Business

Mailing Address

11411 S.E. FEDERAL HIGHWAY

#44 HOBE SOUND, FL 33455 US 11411 S.E. FEDERAL HIGHWAY

HOBE SOUND, FL 33455 US



## DO NOT WRITE IN THIS SPACE

07202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0698816 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BORING, JOHN A 11411 S.E. FEDERAL HIGHWAY #44 HOBE SOUND, FL 33455

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.</li></ol>	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE.

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

(NOTE Registered Agent signature required when reinstating)

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

U00000572138 07/25/06-80017-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORING, JOHN A 11411 S.E. FEDERAL HIGHWAY, #44 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

## DO NOT WRITE IN THIS SPACE

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ina

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER. OF

THORIZED REPRESENTATIVE