2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90052 021 ****55.00

DOCUMENT # L03000055930

1. Entity Name
GULF COAST CARPET, LLC

Principal Place of Business
4369 A HWY 77
CHIPLEY, FL 32428

Mailing Address
P.O. BOX 183
WAUSAU, FL 32463

01052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number
20-0485779
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUNSFORD, JEREMY L
2739 BONNETT POND RD
CHIPLEY, FL 32428

7. Name and Address of New Registered Agent

Name: Lisa Ann Lunsford
Street Address (P.O. Box Number is Not Acceptable): 2739 Bonnett Pond rd
City: Chipley FL Zip Code: 32428

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: Lisa Lunsford Lisa Lunsford 1/5/07 850-260-9090

Filing Fee Is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	LUNSFORD, JEREMY L
STREET ADDRESS	2739 BONNETT POND RD.
CITY ST ZIP	CHIPLEY, FL 32428
TITLE	MBR
NAME	Lunsford, Lisa Ann
STREET ADDRESS	2739 Bonnett Pond rd
CITY ST ZIP	Chipley FL 32428

☐ Delete

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY ST ZIP ☐ Change ☐ Addition

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: Lisa Lunsford Lisa Lunsford 1/5/07 850-260-9090

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