

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000056003**

1. Entity Name

**MIKE MONAGHAN CARPET SERVICE, L.L.C.**



Principal Place of Business  
**2924 N.W. 55TH AVE.  
APT. 1-C  
LAUDERHILL FL 33313**

Mailing Address  
**2924 N.W. 55TH AVE.  
APT. 1-C  
LAUDERHILL FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

**41-2120520**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONAGHAN, MIKE  
2924 N.W. 55TH AVE.  
APT. 1-C  
LAUDERHILL FL 33313**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10.

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
MONAGHAN, MIKE  
2924 N.W. 55TH AVE.  
LAUDERHILL FL 33313**

☐ Delete

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NAME  
STREET ADDRESS  
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ADDITIONS/CHANGES

000000207239 ☐ Change ☐ Addition  
02/01/05-80036-019 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mike Monaghan MIKE MONAGHAN**

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

**1-28-05 (154) 731-6834**

Date

Daytime Phone #