## - 2008 LIMITED LIABILITY COMPANY - ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000057221**

1. Entity Name

JIMMY'S CARPET SERVICE LLC

Principal Place of Business

Mailing Address

1118 N. 48TH AVE. PENSACOLA, FL 32506 1118 N. 48TH AVE. PENSACOLA, FL 32506 FILED
Jan 07, 2008 08:00 AN
Secretary of State



01032008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number |
|----|------------|
|    | 20-0565093 |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. Name and | Address o | f Current R | egistered Agent |
|-------------|-----------|-------------|-----------------|

MOYE, JIMMY 1118 N. 48TH AVE. PENSACOLA, FL 32506

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

| SIGNATURE_  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig  |                       | nt signature required when reinstating) |                       | DATE  |  |  |
|---|--|-----------------------|---|-----------------------|---|--|--|
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75 |  |                       |   |                       |   |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS  | ì                     |   | · · ·                 | -   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | MGRM MOYE, JIMMY W 1118 N. 48TH AVE 1  | 1 × 2                 | t the first of the second               | 01/07/ <b>08</b> -8   | 774476<br>0016-011 138.75   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |                       |   | •                     |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |                       | DO                                      | NOT W                 | RITE  |  |  |
| TITLE<br>NAME   |  |                       | IN 7                                    | THIS SPA              | ACE   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                       | ووواوي أ                                | might of              |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |                       |   |                       |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | ·  |                       |   |                       |   |  |  |
| indicated   | certify that the information supplied with this filing does not on this report is true and accurate and that my signature shibility company or the receiver or trustee empowered to exec | hall have the same le | egal effect as if made under oa         | ith: that I am a mana | urther certify that the information ging member or manager of the |  |  |

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