

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90021 003 \*\*\*\*55.00

**DOCUMENT # L04000006540**

1. Entity Name

DAWSON CARPETS, LLC



Principal Place of Business

7432 BEACH DR, APT B  
PANAMA CITY FL 32405

Mailing Address

7432 BEACH DR, APT B  
PANAMA CITY FL 32405



2. Principal Place of Business

6617 Beach Dr

Suite, Apt. #, etc.

A

City & State

PCB, FLA

Zip

32408

Country

USA

3. Mailing Address

6617 Beach Dr

Suite, Apt. #, etc.

A

City & State

PCB, FLA

Zip

32408

Country

USA

1st MOORE

CR2E083 (10/04)

4. FEI Number

01-0753841

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAWSON, EDDIE A  
7432 BEACH DR, APT B  
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

DAWSON, EDDIE A

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

6617 Beach Dr Apt A

City

PCB

FL

Zip Code

32408

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

*Eddie Dawson*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAWSON, EDDIE A  
7432 BEACH DR, APT B  
PANAMA CITY FL 32405

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAWSON, EDDIE A  
6617 Beach Dr Apt A  
PCB FLA 32408

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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 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:

*Eddie Dawson*

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

Date

Daytime Phone #

4-18-05 (850) 527-8026