

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90017 017 ***143.75

DOCUMENT # L04000018165

1. Entity Name
JIMMY CARPET SALES & INSTALLATION LLC



Principal Place of Business

**3440 OWENS AVENUE
VERNON, FL 32462 US**

Mailing Address

**P.O. BOX 163
VERNON, FL 32462 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-2106817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763**

7. Name and Address of New Registered Agent

Name **JIMMY BOYETT**
Street Address (P.O. Box Number is Not Acceptable)
3440 OWENS AVENUE
City **VERNON** FL Zip Code **32462**

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]
Signature typed or printed name of registered agent and fee if applicable.

JIMMY L. BOYETT

(NOTE: Registered Agent signature required when reinstating)

04-28-08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BOYETT, JIMMY L**
STREET ADDRESS **3440 OWENS AVENUE**
CITY - ST - ZIP **VERNON, FL 32462**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

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

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

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:

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

JIMMY L. BOYETT

04-28-08

Date

850-258-4866

Daytime Phone #