

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90183 001 ****50.00

DOCUMENT # L04000021336

1. Entity Name
MIKE'S CARPETS OF FLORIDA, L.L.C.



Principal Place of Business
**5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308**

Mailing Address
**5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308**



05102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2445557

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEAVER, JEFFERSON H
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MIKE'S CARPETS OF VIRGINIA, INC.
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

5-1-06

Date

954 489-4719

Daytime Phone #

Jefferson H. Weaver