2007 LIMITED LIABILITY COMPANY

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

Jun 21, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L04000032456** 06-21-2007 90136 004 ****50.00 AFFÓRDABLE CARPET AND VINYL LLC Principal Place of Business Mailing Address 6708 E 6TH ST 6708 E 6TH ST 60052126 PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06192007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1059889 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORWOOD, RICK F Street Address (P.O. Box Number is Not Acceptable) 6708 E 6TH ST PANAMA CITY, FL 32404 City 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. DATE Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Change ☐ Addition TITLE Delete NORWOOD, RICK F NAME NAME STREET ADDRESS 6708 E 6TH ST STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

FILED

☐ Addition

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 eport as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

Daytime Phone # IBER, MANAGER, OR AUTHORIZED REPRESENTATIVE