

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044227

FILED
May 01, 2008
Secretary of State

Entity Name: THE CARPET BOUTIQUE BY TRUEBLOOD, LLC

Current Principal Place of Business:

4508 SW 160TH AVE STE. 727
MIRAMAR, FL 33027

New Principal Place of Business:

6099 STIRLING ROAD
SUITE 218
DAVIE, FL 33314

Current Mailing Address:

6099 STIRLING ROAD
SUITE 218
DAVIE, FL 33314

New Mailing Address:

FEI Number: 20-1248897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRUEBLOOD, BLAKE
221 E. LIME STREET
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

TRUEBLOOD, BLAKE
6099 STIRLING ROAD
SUITE 218
DAVIE, FL 33314 US

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.

SIGNATURE:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRUEBLOOD, TRAVIS W
Address: PO BOX 277736
City-St-Zip: MIRAMAR, FL 33027

Title: MGR () Delete
Name: TRUEBLOOD, BLAKE M
Address: PO BOX 277736
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BLAKE M TRUEBLOOD

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date