2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 13, 2006 8:00 am Secretary of State 05-11-2006 90019 015 ****50.00

DOCUMENT # L04000044817 1. Entity Name REYES CARPET LLC								
3281 N.W. 35TH STREET 3281 I		Mailing Address 3281 N.W. 35TH STRE MIAMI, FL 33142	3281 N.W. 35TH STREET			30011848	EPTì en 1881	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05042006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb 42-163			polied For at Applicable	
Zip	Country	Ζίρ	Country	5. Certificate	of Status Desired	S5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
REYES R	OBERTO J		Name					
REYES, ROBERTO J 3281 N.W. 35TH STREET MIAMI, FL 33142			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	е	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office or regist	tered agent, or bo	ith, in the State of Flo	rida. I am lamiliar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registated agent	and trie if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)		DATE	<u> </u>	
Filing Fee Is \$50.00 Due by September 6, 2006		•			Make check payable to Florida Department of State			
Fil Due t	ing Fee is \$50.00 by September 6, 2006						•	
Fil Due t	MANAGING MEMBE		10.			Department of State	•	
9.	MANAGING MEMBE	RS/MANAGERS	tint		Florida	Department of State	Addition	
9. TITLE HAME STREET ADDRESS	MANAGING MEMBE MGR REYES, ROBERTO, 1 3281 N.W. 35TH STREET		TITLE NAME STREET ADDRESS		Florida	Department of State		
9. TITLE NAME	MANAGING MEMBE MGR REYES, ROBERTO	☐ Delete	TITLE NAME		Florida	Department of State		
9. TITLE HAME STREET ADDRESS CITY-ST-2P TITLE	MANAGING MEMBE MANAGING MEMBE MGR REYES. ROBERTO, 3281 N.W. 35TH STREET, MIAMI, FL 33142	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department of State CHANGES Change	☐ Addition	
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metaby certify that the information supplied with this tiling goes not quality for the exemptions contained in Chapter 119, Fronda Statutes, "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.