


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jul 20, 2006 08:00 AM  
Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L04000054966</b><br>1. Entity Name<br><b>ANDY'S CARPET SERVICE "LLC"</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>2106 SW 52 TERR<br/>CAPE CORAL, FL 33914 US</b> | Mailing Address<br><b>2106 SW 52 TERR<br/>CAPE CORAL, FL 33914 US</b> |
|---|---|



07162006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-1462215</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>UNITED STATES CORPORATION AGENTS, INC.<br/>1111 LINCOLN RD<br/>SUITE 400<br/>MIAMI BEACH, FL 33139</b> |
|---|

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

U000000571386  
07/20/06-80007-001 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BURBICK, ANDY<br/>2106 S W 52 TERR<br/>CAPE CORAL, FL 33914</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:** Andy Burbick 7/10/06 239 549 5688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #