

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # L04000087998

1. Entity Name
SIMPLY RUGS, LLC



Principal Place of Business
**18700 VETERANS BLVD
SUITE 1
PORT CHARLOTTE, FL 33954**

Mailing Address
**3883 MAGARA TER.
NORTH PORT, FL 34287**



01182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2039844

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BATES, DONNA
3883 MAGARA TER.
NORTHPORT, FL 34287**

**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

000000791546

01/23/08-80079-016 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BATES, DONNA M
3883 MAGARA TER
NORTH PORT, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DONNA, BATES M
3883 MAGARA TERR
NORTH PORT, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BATES, DANIEL J
1468 ALLEGHENY RD
NORTH PORT, FL 34286**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BATES, BRIAN A
1468 ALLEGHENY RD
NORTH PORT, FL 34286**

TITLE
NAME
STREET ADDRESS
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

Donna Bates

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

1/18/08

Date

941-426-8923

Daytime Phone #