

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087998

FILED
Jan 17, 2009
Secretary of State

Entity Name: SIMPLY RUGS, LLC

Current Principal Place of Business:

18700 VETERANS BLVD
SUITE 1
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

3883 MAGARA TER.
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-2039844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BATES, DONNA M
Address: 3883 MAGARA TER
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM () Delete
Name: DONNA, BATES M
Address: 3883 MAGARA TERR
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM () Delete
Name: BATES, DANIEL J
Address: 1468 ALLEGHENY RD
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM (X) Delete
Name: BATES, BRIAN A
Address: 1468 ALLEGHENY RD
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DONNA, BRIAN A
Address: 3883 MAGARA TERR
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM (X) Change () Addition
Name: BATES, DANIEL J
Address: 3883 MAGARA TERR
City-St-Zip: NORTH PORT, FL 34287

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: DONNA M. BATES

MGRM

01/17/2009

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