

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # L05000021368

1. Entity Name
COUSINS CARPET INSTALLATIONS LLC



Principal Place of Business

**603 E. HARVARD ST
INVERNESS, FL 34452**

Mailing Address

**603 E. HARVARD ST
INVERNESS, FL 34452**



02172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2448818

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARLEY, GEORGE T
603 E. HARVARD ST
INVERNESS, FL 34452**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HARLEY, GEORGE T
STREET ADDRESS	603 E. HARVARD ST
CITY - ST - ZIP	INVERNESS, FL 34452
TITLE	MGRM
NAME	PINEAU, CLARENCE B
STREET ADDRESS	305 N. VENTURI AVE
CITY - ST - ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/05/07 80034-018 50.00

**DO NOT WRITE
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: _____

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

302
3/25/07 352-522-6422
Date Daytime Phone #