2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State
01-20-2006 90048 024 ****55.00

DOCUMENT # L05000027364

1. Entity Name
A2Z CARPET SERVICES, LLC

Principal Place of Business	Mailing Address
15429 CAPE DR S JACKSONVILLE, FL 32226	P.O. BOX 26737 JACKSONVILLE, FL 32226

01152006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
3640 Newcomb Rd		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville, Florida		City & State	
Zip: 32218	Country: USA	Zip	Country

4. FEI Number: 20-2661681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROOD, LEWIS R 15429 CAPE DR S JACKSONVILLE, FL 32226	Name: Rood, Lewis R Street Address (P.O. Box Number is Not Acceptable): 3640 Newcomb Rd City: Jacksonville FL Zip Code: 32218

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: Lewis R Rood — 01-14-06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER/President Lewis R Rood 3640 Newcomer Rd JACKSONVILLE, FL. 32218	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Lewis R. Rood — 01-14-06 — 904525-3446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #