2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 17, 2006 8:00 am
Secretary of State
02-27-2006 90433 028 ****50.00

DOCUMENT # L05000039953

1. Entity Name

AMILCAR FLORES CARPET INSTALLER, LLC

Principal Place of Business	Mailing Address
2428 STELLA ST. FORT MYERS FL 33901	2428 STELLA ST. FORT MYERS FL 33901

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
3711 BALLARD RD.		3711 BALLARD RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT MYERS FL.		City & State: FORT MYERS FL.	
Zip: 33916	Country: Lee	Zip: 33916	Country: Lee

4. FEI Number 20-1189551 ☒ 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
FLORES, AMILCAR 2428 STELLA ST. FORT MYERS FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FLORES, AMILCAR		NAME		
STREET ADDRESS	2428 STELLA ST		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] Amilcar Flores 2-15-06 239 839-1098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
30002725
#L05000039953

NOTE: THIS IS MY
NEW ADDRESS –
3711 BALLARD RD
FORT MYERS FL.
33916