

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90082 023 \*\*\*\*50.00

**DOCUMENT # L05000047257**

1. Entity Name  
**J. DONLEY CARPET LLC**



Principal Place of Business  
**806 SLEEPY HARBOR DR  
OCOE, FL 34761**

Mailing Address  
**806 SLEEPY HARBOR DR  
OCOE, FL 34761**

**60004034**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**52-2458279**

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

**MUSTOE, JODI K ESQ  
COX & ROUSE, P.A.  
240 LOOKOUT PLACE  
MAITLAND, FL 32751**

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

**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  
**MGR  
DONLEY, JOHNNIE L  
806 SLEEPY HARBOR DR  
OCOE, FL 34761** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**JOHNNIE L. DONLEY**

**1-25-06**

**407-383-7151**

ATTACHMENT  
20004854  
#L05000047257

**COX & ROUSE, P.A.**

ATTORNEYS AT LAW

KEEWIN LEXINGTON PARK  
240 LOOKOUT PLACE  
MAITLAND, FLORIDA 32751

E-mail: [jodi@coxandrouse.com](mailto:jodi@coxandrouse.com)

PAMELA J. COX  
JODI K. MUSTOE  
MICHAEL D. ROUSE\*

TELE: (407) 644-5225  
FAX: (407) 644-2866

\*Board Certified in  
Workers' Compensation

February 1, 2006

Florida Department of State  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

RE: J. Donley Carpet LLC

Dear Sir/Madam:

Enclosed for filing is a completed 2006 Limited Liability Company Annual Report along with check number 6132 in the amount of \$50.00. Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Jodi K. Mustoe

JKM:gcr  
Enclosures  
cc: Johnnie Donley