

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-08-2006 90040 039 ***150.00

DOCUMENT # L05000087360 1. Entity Name WILSON CARPET AND FLOORING LLC					
Principal Place of Business 1137 S.W. 10 STREET MIAMI, FL 33130			Mailing Address 1137 S.W. 10 STREET MIAMI, FL 33130		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51055314	
5. Name and Address of Current Registered Agent APARICIO, YANIRA I 1137 S.W. 10 STREET MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
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 LLC, if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM APARICIO, YANIRA I 1137 S.W. 10 STREET MIAMI, FL 33130	☐ 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					