

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090384

FILED  
Jun 07, 2007  
Secretary of State

Entity Name: DRI-CARE CARPET CARE, L.L.C.

**Current Principal Place of Business:**

2220 PINE TERRACE  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

2220 PINE TERRACE  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 14-1927084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FYKSEN, JASON  
2220 PINE TERRACE  
SARASOTA, FL 34231      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OTTO, NANCY  
Address: 2220 PINE TERRACE  
City-St-Zip: SARASOTA, FL 34231

Title: MGRM ( ) Delete  
Name: FYKSEN, JASON  
Address: 2220 PINE TERRACE  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FYKSEN, JASON L OWNER  
Address: 2220 PINE TERRACE  
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON FYKSEN

OWNE

06/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date