

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092594

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: THE CARPET CLINIC, L.L.C.

**Current Principal Place of Business:**

1518 OAKSHORE DRIVE  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

6927 KELVIN TERRACE  
PENSACOLA, FL 32503

**Current Mailing Address:**

1518 OAKSHORE DRIVE  
GULF BREEZE, FL 32563

**New Mailing Address:**

P.O. BOX 11544  
PENSACOLA, FL 32524

FEI Number: 20-3729344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BORDELON & SCHULTZ LAW FIRM, P.L.  
2721 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US

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

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: ROSS, BRYAN  
Address: 1518 OAKSHORE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROSS, BRYAN J  
Address: 6927 KELVIN TERRACE  
City-St-Zip: PENSACOLA, FL 32503

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: BRYAN J ROSS

MNGR

01/14/2009

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