2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100476

Entity Name: LAY IT RIGHT CARPET, L.L.C.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4005 13TH STREET WEST LEHIGH ACRES, FL 33971 **Current Mailing Address: New Mailing Address:** 4005 13TH STREET WEST LEHIGH ACRES, FL 33971 FEI Number: 20-3608449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMB, JEFFREY R PASQUAZZI, LOUIS M 809 WALKERBILT ROAD 4005 13TH ST WEST LEHIGH ACRES, FL 33971 US SUITE 5 NAPLES, FL 34110 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: LOUIS PASQUAZZI 02/04/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PASQUAZZI, LOUIS Name: Name: 4005 13TH STREET WEST Address: Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: Title: Title: MGRM () Change (X) Addition () Delete Name: Name: PASQUAZZI, LOUIS Address: Address: 4005 13TH ST WEST City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971 Title: () Delete Title: MGRM () Change (X) Addition PASQUAZZI, LOUIS Name: Name: Address: Address: 4005 13TH ST WEST City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971 Title: () Delete Title: MGRM () Change (X) Addition Name: Name: PASQUAZZI, LOUIS Address: Address: 4005 13TH ST WEST City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971 Title: () Delete Title: MGRM () Change (X) Addition PASQUAZZI, LOUIS Name: Name: 4005 13TH ST WEST Address: Address: City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971 Title: () Delete Title: () Change (X) Addition PASQUAZZI, LOUIS Name: Name: Address: Address: 4005 13TH ST WEST LEHIGH ACRES, FL 33971 City-St-Zip: 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: LOUIS PASQUAZZI MGRM 02/04/2009