



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90017 004 ***143.75

DOCUMENT # L05000108222 1. Entity Name CARPET MIKE LLC					
Principal Place of Business 433 ROCKEFELLER DRIVE NEW SMYRNA BEACH, FL 32168			Mailing Address 433 ROCKEFELLER DRIVE NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business - No P.O. Box # 4690 Gum Rd.		3. Mailing Address 4690 Gum Rd.		4000401 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01092008 Chg-LLC CR2E083 (12/06)	
City & State New Smyrna Beach, Fla.		City & State New Smyrna Beach, Fla.		4. FEI Number 20-3749015	
Zip 32168		Country Volusia		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LESSLER, WILHELMINA R 433 ROCKEFELLER DRIVE NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4690 Gum Rd. City New Smyrna Beach FL Zip Code 32168	
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 Wilhelmina R Lesser DATE 1-10-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESSLER, MICHAEL S 433 ROCKEFELLER DRIVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4690 Gum Rd. New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Wilhelmina R Lesser <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 1-10-08 Daytime Phone # 386-228-9997	