2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jul 30, 2007 8:00 am Secretary of State DOCUMENT # L05000116627 1. Entity Name 07-30-2007 90029 018 ****50.00 TERESA'S CARPETING, LLC Principal Place of Business Mailing Address 13802 CYPRESS WAY #32C 13802 CYPRESS WAY #32C TAMPA FL 33613 TAMPA FL 33613 2. Principal Place of Business: No P.O. Box # 8314 N. 39 5 5+ 3. Mailing Address 8314 (Suite, Apt. #, etc. Suite, Apt #, etc. 2nd MOORE CR2E083 (4/07) City & State City & State Applied For Nor Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALASCAGUA, TERESITA Street Address (P O Box Number is Not Acceptable) 13802 CYPRÉSS WAY #32C **TAMPA FL 33613** Zip Code 33604 ag mo 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, Sanatura, typed or nepled name of registered about and title diagnificable INOTE Recistored Agent sonature required when reinstating DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE Change Addition ALASCAGUA, TERESITA NAME NAME 8314 N.39 th 5+ STREET ADDRESS 13802 CYPRESS WAY #32C STREET ADDRESS TAMPA FL 33613 CITY-ST-7IP CITY-ST-7/P Tampa F1 33604 MGRM Change TITLE ☐ Delete TITLE Addition ALASCAGUA CASTANEDA, DARIO NAME NAME 8314 N. 39th 57 13802 CYPRESS WAY #32C STREET ADDRESS STREET ADDRESS TAMPA FL 33613 CITY-ST-ZIP CITY-ST-ZIP Tampa F1 33604 ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Detete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STRFET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. Thereby 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

the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

FILED