

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022433

FILED
Jul 30, 2007
Secretary of State

Entity Name: ABSOLUTE CARPET CLEANERS, LLC

Current Principal Place of Business:

31 SOUTH 4TH STREET
SUITE 21
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

234 OCEANWAY AVE
JACKSONVILLE, FL 32218

Current Mailing Address:

31 SOUTH 4TH STREET
SUITE 21
FERNANDINA BEACH, FL 32034

New Mailing Address:

234 OCEANWAY AVE
JACKSONVILLE, FL 32218

FEI Number: 04-3847531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

CLEMENS, DONALD
234 OCEANWAY AVE.
JACKSONVILLE, FL 32218 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: MUIR, DOUGLAS A
Address: 86169 EASTPORT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Delete
Name: CLEMENS, DONALD
Address: 2325 SUSAN DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

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

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: DONALD CLEMENS

MGRM

07/30/2007

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