


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90010 029 ****50.00

DOCUMENT # L06000049746		
1. Entity Name ELLIS FLOORCOVERING LLC		
Principal Place of Business 1666 BRIAN WAY ST. AUGUSTINE FL 32084		Mailing Address 1666 BRIAN WAY ST. AUGUSTINE FL 32084
2. Principal Place of Business - No P.O. Box # 1666 BRIAN WAY		3. Mailing Address 1666 BRIAN WAY
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State ST. AUGUSTINE FLA		City & State ST. AUGUSTINE FL 32084
Zip 32084	Country U.S.A.	City & State ST. AUGUSTINE FL 32084
4. FEI Number 56-2534741		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		



2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent ELLIS, WILLIAM D 1666 BRIAN WAY ST. AUGUSTINE FL 32084		7. Name and Address of New Registered Agent Name William D. Ellis Street Address (P.O. Box Number is Not Acceptable) 1666 BRIAN WAY City ST. AUGUSTINE FL 32084	
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 William D. Ellis DATE 7-22-07 <small>(Signature, typewritten or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIS, WILLIAM D 1666 BRIAN WAY ST. AUGUSTINE FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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:

William D. Ellis

7-22-07 904-814-0114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #