


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 # 2634 Sopchoppy Hwy Suite, Apt. #, etc.	3. Mailing Address 2634 Sopchoppy Hwy Suite, Apt. #, etc.
---	---

City & State Sopchoppy FL	City & State Sopchoppy FL
Zip 32358	Zip 32358
Country USA	Country USA



03112008 Chg-LLC CR2E083 (12/06)

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
---	--------------------------------

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) 2634 Sopchoppy Hwy City Sopchoppy FL Zip Code 32358	
--	--	--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
---	--

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	MGRM Ellis William D 2634 Sopchoppy Hwy Sopchoppy FL <input checked="" 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	800120879083 03/21/08--01008--003 **138.75 <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: <u>William D Ellis</u>	Date: <u>3-11-08</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

FILED

08 MAR 11 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA