

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018845

Entity Name: K & J CARPET, LLC

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

4239 BARMAR DRIVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 331557
ATLANTIC BEACH, FL 32233

New Mailing Address:

1247 BOCA GRANDE AVE
ATLANTIC BEACH, FL 32233

FEI Number: 20-8458510 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:

SIRVENT, SR., JAMES R
4239 BARMAR DRIVE
JACKSONVILLE, FL 32210 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: MGR () Delete
Name: SIRVENT, SR., JAMES R
Address: 4239 BARMAR DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: SIRVENT, JAMES R JR
Address: 1182 NELSON STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIRVENT, SR., JAMES R
Address: 4239 BARMER DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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: JAMES R. SIRVENT SR

MNGR

05/11/2009

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