

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006388

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** J & M CUSTOM FLOOR COVERING LLC

**Current Principal Place of Business:**

965 FT. THOMPSON AVE.  
LABELLE, FL 33935 US

**New Principal Place of Business:**

7791 GEORGIAN BAY CT.  
# 107  
FT. MYERS, FL 33912 US

**Current Mailing Address:**

965 FT. THOMPSON AVE.  
LABELLE, FL 33935

**New Mailing Address:**

7791 GEORGIAN BAY CT.  
# 107  
FT. MYERS, FL 33912

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANKLIN, JAMES M  
965 FT. THOMPSON AVE.  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

FRANKLIN, JAMES M  
7791 GEORGIAN BAY CT.  
# 107  
FT. MYERS, FL 33912 US

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: JAMES FRANKLIN

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FRANKLIN, JAMES M  
Address: 965 FT. THOMPSON AVE.  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FRANKLIN, JAMES M  
Address: 7791 GEORGIAN BAY CT. #107  
City-St-Zip: FT. MYERS, FL 33912

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 FRANKLIN

MGR

04/14/2009

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