


# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # <b>LO8000012120</b>			
1. Entity Name <b>SPENDINGWAY CARPET CARE, LLC</b>			
Principal Place of Business <b>5501 ASTRONAUT BLVD, #174 CAPE CANAVERAL, FL 32920</b>		Mailing Address <b>- Same -</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>26-1896359</b>		<input checked="" type="checkbox"/> 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		7. Name and Address of New Registered Agent	
<b>Spiegel &amp; Utrera, P.A.</b> <b>1840 Coral Way, 4th Floor</b> <b>Miami, FL 33145</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEMBER</b>	NAME	<b>800156950288</b>
STREET ADDRESS	<b>TIM BAGBY</b>	STREET ADDRESS	<b>06/09/09--01038--013 **138.75</b>
CITY-ST-ZIP	<b>105 OCEAN PARK LANE</b>	CITY-ST-ZIP	
	<b>CAPE CANAVERAL, FL 32920</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEMBER</b>	NAME	
STREET ADDRESS	<b>DALENE BAGBY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>105 OCEAN PARK LANE</b>	CITY-ST-ZIP	
	<b>CAPE CANAVERAL, FL 32920</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <b>Tim Bagby</b>		Date: <b>3/24/2009</b> Daytime Phone #: <b>321.406.1513</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA