

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040639

FILED
Apr 29, 2009
Secretary of State

Entity Name: ALLEN'S CUSTOM FLOOR COVERING, LLC

Current Principal Place of Business:

5559 BAFFIN CIRCLE
SPRING HILL, FL 34606

New Principal Place of Business:

13259 CONVENT GARDEN DR
BROOKSVILLE, FL 34613 US

Current Mailing Address:

5559 BAFFIN CIRCLE
SPRING HILL, FL 34606

New Mailing Address:

13259 CONVENT GARDEN DR
BROOKSVILLE, FL 34613 US

FEI Number: 80-0177455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, CARL
5559 BAFFIN CIRCLE
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

ALLEN, CARL
13259 CONVENT GARDEN DR
BROOKSVILLE, FL 34613 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLEN, CARL
Address: 5559 BAFFIN CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM () Delete
Name: ALLEN, JAY
Address: 5559 BAFFIN CIRCLE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLEN, CARL
Address: 13259 CONVENT GARDEN DR
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: MGRM (X) Change () Addition
Name: ALLEN, JAY
Address: 3197 GULF DR
City-St-Zip: ARIPEKA, FL 34679 US

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: CARL ALLEN

MGRM

04/29/2009

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