

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056648

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: VIP CARPET CARE & UPHOLSTERY LLC

## Current Principal Place of Business:

5500 METRO WEST BLVD  
APT 104  
ORLANDO, FL 32811

## New Principal Place of Business:

## Current Mailing Address:

5500 METRO WEST BLVD  
APT 104  
ORLANDO, FL 32811

## New Mailing Address:

P O BOX 618023  
ORLANDO, FL 32861 US

FEI Number: 26-2771158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CENTRAL FL ACCTNG & TAX SVCS INC  
9753 S ORANGE BLOSSOM TR  
SUITE 208  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

FERREIRA, JOSE  
5500 METRO WEST BLVD  
APT #104  
ORLANDO, FL 32811 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: JOSE FERREIRA

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FERREIRA, JOSE  
Address: 5500 METRO WEST BLVD #104  
City-St-Zip: ORLANDO, FL 32811 US

Title: MGRM ( ) Delete  
Name: QUATROCCI, EMILIA  
Address: 5500 METRO WEST BLVD #104  
City-St-Zip: ORLANDO, FL 32811 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSE FERREIRA

MGRM

04/30/2009

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