

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095550

FILED
Mar 24, 2009
Secretary of State

Entity Name: MR. DAVID'S CARPET & UPHOLSTERY CARE, LLC

Current Principal Place of Business:

10888 BLUE MESA WAY
PORT SAINT LUCIE, FL 34987

New Principal Place of Business:

10954 BLUE MESA WAY
PORT SAINT LUCIE, FL 34987

Current Mailing Address:

10888 BLUE MESA WAY
PORT SAINT LUCIE, FL 34987

New Mailing Address:

10954 BLUE MESA WAY
PORT SAINT LUCIE, FL 34987

FEI Number: 26-3508907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OJEDA, ANIER
10888 BLUE MESA WAY
PORT SAINT LUCIE, FL 34987 US

Name and Address of New Registered Agent:

OJEDA, ANIER
10954 BLUE MESA WAY
PORT SAINT LUCIE, FL 34987 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: OJEDA ANIER

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OJEDA, ANIER
Address: 10888 BLUE MESA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MGRM () Delete
Name: OJEDA, MICHELLE
Address: 10888 BLUE MESA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MGRM () Delete
Name: OJEDA, ROXETTE
Address: 10888 BLUE MESA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OJEDA, ANIER
Address: 10954 BLUE MESA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MGRM (X) Change () Addition
Name: OJEDA, MICHELLE
Address: 10954 BLUE MESA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MGRM (X) Change () Addition
Name: OJEDA, ROXETTE
Address: 10954 BLUE MESA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MGRM () Change (X) Addition
Name: OJEDA, DAVID
Address: 10954 BLUE MESA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: ANIER OJEDA

MG

03/24/2009

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