

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095550

FILED  
May 13, 2010  
Secretary of State

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

**Current Principal Place of Business:**

10954 BLUE MESA WAY  
PORT SAINT LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

10954 BLUE MESA WAY  
PORT SAINT LUCIE, FL 34987

**New Mailing Address:**

**FEI Number:** 26-3508907      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** OJEDA, ANIER  
**Address:** 10954 BLUE MESA WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987

**Title:** MGRM  
**Name:** OJEDA, MICHELLE  
**Address:** 10954 BLUE MESA WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987

**Title:** MGRM  
**Name:** OJEDA, ROXETTE  
**Address:** 10954 BLUE MESA WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987

**Title:** MGRM  
**Name:** OJEDA, DAVID  
**Address:** 10954 BLUE MESA WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987

I hereby 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

M

05/13/2010

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