

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078235

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CARSLAKE CARPET SPECIALIST LLC

**Current Principal Place of Business:**

606 SO N STREET  
APT.2  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540251  
LAKE WORTH, FL 33454

**New Mailing Address:**

606 SO N STREET  
APT.2  
LAKE WORTH, FL 33460

**FEI Number:** 80-0460124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARSLAKE, STEVEN J  
606 SO N STREET  
APT.2  
LAKE WORTH, FL 33460 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: MGRM  
Name: CARSLAKE, STEVEN J  
Address: 606 SO N STREET APT.2  
City-St-Zip: LAKE WORTH, FL 33460

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: STEVEN J CARSLAKE

MGRM

04/30/2012

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