

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000021336

**Entity Name:** MIKE'S CARPETS OF FLORIDA, L.L.C.**Current Principal Place of Business:**3305 SW 11TH AVENUE  
FT. LAUDERDALE, FL 33315**Current Mailing Address:**PO BOX 221136  
CHANTILLY, VA 20153-1136 US**FEI Number:** 56-2445557**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICCELLI, CARMEN  
3305 SW 11TH AVENUE  
FT. LAUDERDALE, FL 33315 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:** CARMEN RICCELLI

01/24/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MIKE'S CARPETS OF VIRGINIA, INC.  
Address 4425 BROOKFIELD CORPORATE  
DRIVE  
300  
City-State-Zip: CHANTILLY VA 20151

Title SECRETARY  
Name SCHREIBER, LESLIE  
Address 4425 BROOKFIELD CORPORATE  
DRIVE  
300  
City-State-Zip: CHANTILLY VA 20151

Title VP  
Name SCHREIBER, MATTHEW  
Address 4425 BROOKFIELD CORPORATE  
DRIVE  
300  
City-State-Zip: CHANTILLY VA 20151

Title PRESIDENT  
Name SCHREIBER, MICHAEL  
Address 4425 BROOKFIELD CORPORATE  
DRIVE  
300  
City-State-Zip: CHANTILLY VA 20151

Title CFO  
Name SNELL, W. BARTLETT  
Address 4425 BROOKFIELD CORPORATE  
DRIVE  
300  
City-State-Zip: CHANTILLY VA 20151

Title VP  
Name RICCELLI, CARMEN  
Address 3305 SW 11TH AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33315

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** W. BARTLETT SNELL

CFO

01/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date