# 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

SIGNATURE: ASHLIE BUTLER

# DOCUMENT# L12000141634

Entity Name: BOB'S CARPET MART OF BRANDON, LLC

## **Current Principal Place of Business:**

10815 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764

## **Current Mailing Address:**

10815 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 US

### **FEI Number: APPLIED FOR**

## Name and Address of Current Registered Agent:

HAYES, GEORGE L ESQ 10815 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 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:	GEORGE L HAYES	01/24/2022		
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title F	PRESIDENT	Title	AUTHORIZED REPRESENTATIVE	E
Name E	BUTLER, ASHLIE N	Name	CROCKER, BARBARA	
Address 1	10815 U.S. HIGHWAY 19 NORTH	Address	10815 U.S. HIGHWAY 19 NORTH	
City-State-Zip: 0	CLEARWATER FL 33764	City-State-Zip:	CLEARWATER FL 33764	

that my name appears above, or on an attachment with all other like empowered. 01/24/2022 PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 24, 2022 Secretary of State 4064358498CC

Certificate of Status Desired: No

Date