


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90113 024 ****50.00

DOCUMENT # L05000092394
 1. Entity Name
 CLS FRAMING LLC



Principal Place of Business
 6304 COUNT FLEET TRL
 TALLAHASSEE FL 32309

Mailing Address
 6304 COUNT FLEET TRL
 TALLAHASSEE FL 32309



2. Principal Place of Business - No P.O. Box #
 6304 Count Fleet Trl
 Suite, Apt. #, etc.

3. Mailing Address
 6304 Count Fleet Trl
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State
 Tallahassee FL

City & State
 Tallahassee FL

4. FEI Number
 54-3146401

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip
 32304

Country
 USA

Zip
 32304

Country
 USA

6. Name and Address of Current Registered Agent
 SHULER, CASEY
 6304 COUNT FLEET TRL
 TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent
 Name
 Casey Shuler
 Street Address (P.O. Box Number is Not Acceptable)
 6304 Count Fleet Trl
 City
 Tallahassee FL Zip Code
 32304

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Casey Shuler* Casey Shuler 1/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHULER, CASEY 6304 COUNT FLEET TRL TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Casey Shuler* Casey Shuler 1/30/07 850-443-5295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #