

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90004 004 ***138.75

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 (10/07)

City & State

Tallahassee, FL

Zip 32309

Country LEON

City & State

Tallahassee, FL

Zip 32309

Country LEON

4. FEI Number

54-3146401

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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 32309

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* 1/31/08
Signature of current or former registered agent and title if applicable (NOTE: Registered Agent's signature required when registering) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

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
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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #