

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103884

FILED
Apr 16, 2008
Secretary of State

Entity Name: CUSTOM WOODWORX LLC

Current Principal Place of Business:

1901 24TH ST CIR W
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

1901 24TH ST CIR W
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 20-5818276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODEM, JAY R
1909 24TH ST CIR W
PALMETTO,, FL 34221 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: MGR () Delete
Name: ODEM, JASON R
Address: 1909 24TH ST CIR W
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: FLINT, SHERYL A
Address: 1909 24TH ST CIR W
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: SMITH, LASHAWN J
Address: 803 2ND AVENUE EAST #303
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: YOST, JON K
Address: 3609 GLENRIDGE LN
City-St-Zip: SARASOTA,, FL 34233 US

Title: MGRM () Delete
Name: BROWN, ALAN M
Address: 1909 24TH ST CIR W
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: FLINT, STEPHANIE L
Address: 3609 GLENRIDGE LN
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SMITH, LASHAWN J
Address: 4125 CHISOLM DR
City-St-Zip: SARASOTA, FL 34235

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TURNER, MICHAEL D
Address: PO BOX 48205
City-St-Zip: SARASOTA, FL 34230

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JASON ODEM

PRES

04/16/2008

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