


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90054 028 ***138.75

DOCUMENT # L06000115269 1. Entity Name OLD TYME MASONRY AND CARPENTRY LLC	
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Principal Place of Business 632 CASSIN AVENUE DAYTONA BEACH, FL 32136	Mailing Address 632 CASSIN AVENUE DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 07-1568584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIETRI, CHRISTOPHER E
632 CASSIN AVENUE
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIETRI, CHRISTOPHER E 632 CASSIN AVENUE DAYTONA BEACH, FL 32114
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Christopher E Pietri 4/28/08 (386) 290-3642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Christopher E Pietri

ATTACHMENT

~~60042347~~
L06000 115269

Please change
my address to
451 Elsie Ave.
Holly Hill FL 32117

Thank you
