
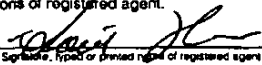



FILED
Jun 10, 2008 8:00 am
Secretary of State

04-28-2008 90041 020 ***138.75

**2008 LIMITED LIABILITY COMPANY-
 ANNUAL REPORT**

DOCUMENT # L07000067139					
1. Entity Name RMH FRAMING, LLC					
Principal Place of Business 1809 2ND STREET NW A1 LIVE OAK, FL 32064 US			Mailing Address P O BOX 611 LIVE OAK, FL 32064 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERNANDEZ, SAUL 1809 2ND STREET NW A1 LIVE OAK, FL 32064			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 				04/29/08	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reappointing) 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	MGR HERNANDEZ, SAUL P O BOX 611 LIVE OAK, FL 32064	<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	MGRM RODRIGUEZ, LUIS 13355 100TH TERRACE LIVE OAK, FL 32060	<input checked="" 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	MGRM MEDINA, JUAN M 1809 NW 2ND STREET, APPT 7A LIVE OAK, FL 32064	<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	
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	
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: 				04/29/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

30009125



01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number ~~043 NC-1515-0033~~ Applied For
 81226-0442181 - Not Applicable

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