I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and	
that my name appears above, or on an attachment with all other like empowered.	

MGRM

SIGNATURE: WAYN	IE R. MONTGOMER	Y

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

5339 PLANTATION VISTA WAY LAKELAND. FL 33813 US

FEI Number: 26-4478249

Name and Address of Current Registered Agent:

MONTGOMERY, WAYNE R 5339 PLANTATION VISTA WAY LAKELAND, FL 33813 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MONTGOMERY, BRADLEY B	Name	MONTGOMERY, WAYNE R
Address	5339 PLANTATION VISTA WAY	Address	5339 PLANTATION VISTA WAY
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813

5339 PLANTATION VISTA WAY

DOCUMENT# L09000025106

Entity Name: CUSTOM ARCHITECTURAL MILLWORK INSTALLATIONS, LLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

LAKELAND, FL 33813

Certificate of Status Desired: No

Date

02/26/2014

FILED Feb 26, 2014 Secretary of State CC1628529608

Date