2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED May 18, 2005 8:00 am Secretary of State

Pincipal Flace of Business 801 ROBERT AVE EIRIGH ARES, Ft. 33972 2. Pincipal Blace of Distinces 20.0 Robert AVE EIRIGH ARES, Ft. 33972 2. Pincipal Blace of Distinces 20.0 Robert AVE EIRIGH ARES, Ft. 33972 2. Pincipal Blace of Distinces 20.0 Robert AVE Solito, April #, etc.	DOCUMENT # L02000011221 1. Entity Name SOLID WOOD DOORS, LLC							05-18-2005 90246 001 ****50.00 05-18-2005 90246 002 *****5.00				
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Above named entity submits this statement for the purpose of charlong its registered agent, or both, in the State of Rordo. I sur familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of charlong its registered agent, or both, in the State of Rordo. I sur familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of charlong its registered agent, or both, in the State of Rordo. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Rordo. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Rordo. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Rordo. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Rordo. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Rordo. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Rordo. I sur familiar with, and accept the obligation of registered agent, or both, in the State of Rordo. I sur familiar with, and accept the obligation of registered agent, or both, in the State of Rordo. 8. The Above agent agent, or both, in the State of Rordo. I sur familiar with, and accept the obligation of registered agent, or both, in the State of Rordo. 8. The Above agent	City & State	9			400	s FI	,				<u> </u>	-
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of charbing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The Address (P.O. Box Number is Not Acceptable) 9. MANA (P.O. Box Number is Not Acceptable) 9. MANA (P.O. Box Number is Not Acceptable) 10. Address	Zip	Country			<u> </u>	Causta	A			≥	\$5.00 Add	ditional
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGIN MGR CARO, MIGUEL A 801 ROBERT AVE. LEHIGH ACRES, FL 33 MGR CARO, EDGARD H 801 ROBERT AVE.	G MEMBER	Di	elete elete elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NGA 110 CEH	CA C	APAC H. COLLEGE F.	a Departa	Change Change Change Change	Addition Addition Addition Addition
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