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Secretary of State
04-11-2007 90154 050 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015697

1. Entity Name
ADVANCED WOODWORKING INDUSTRIES (AWI), LLC

60034875

Principal Place of Business	Mailing Address
1500 WEST COPANS RD., BLDG. 1, UNIT D POMPANO BEACH, FL 33064	1500 WEST COPANS RD., BLDG. 1, UNIT D POMPANO BEACH, FL 33064

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01092007No Chg-LLC CR2E083 (11/05)

4. FEI Number
11-3691564
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RISTAINO, ROBERT M
1500 WEST COPANS RD., BLDG. 1, UNIT D
POMPANO BEACH, FL 33064

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOOVER, THOMAS R PRES
STREET ADDRESS	1500 W COPANS RD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	MGRM
NAME	RISTAINO, ROBERT M V P
STREET ADDRESS	1500 W COPANS RD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 be under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute 308, Florida Statutes.

Sign ↙ Date ↘

SIGNATURE: Thomas R Hoover MANAGER (954) 974-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #