

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # L03000019051

1. Entity Name
SPECIALTY WOODS MILLWORK, LLC



Principal Place of Business
5161 HIGHWAY 98 WEST
SANTA ROSA BEACH, FL 32459

Mailing Address
5161 HIGHWAY 98 WEST
SANTA ROSA BEACH, FL 32459



02142007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1063170

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUTTON, WILLIAM C
375 BEACON WAY
SANTA ROSA BEACH, FL 32459

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME SUTTON, WILLIAM C
STREET ADDRESS 375 BEACON WAY
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE VP
NAME TERRY, JOHN H JR
STREET ADDRESS 4850 HWY 98 EAST
CITY-ST-ZIP DESTIN, FL 32541

TITLE S
NAME CHRISTOPHER, ALTON H
STREET ADDRESS 9950 HWY 98 WEST C-2
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

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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IN THIS SPACE**

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 the 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #