# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041485

1. Entity Name
LAUREN'S WOODWORKING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 21 AM 10:10

| Principal Place of Business | Mailing Address |
|---|---|
| 7618 WHISPER WOODS CT.<br>NEW PORT RICHEY, FL 34655 | 7618 WHISPER WOODS CT.<br>NEW PORT RICHEY, FL 34655 |

05/04/04 60463 024 $125.00
06302004 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LORENTSEN, KELLY<br>7618 WHISPER WOODS CT.<br>NEW PORT RICHEY, FL 34655 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 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 September 8, 2004**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>FREEMAN, JAMES<br>7618 WHISPER WOODS CT.<br>NEW PORT RICHEY, FL 34655 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | FF $50.00<br>OP 75.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>LORENTSEN, KELLY<br>7618 WHISPER WOODS CT.<br>NEW PORT RICHEY, FL 34655 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** Kelly Lorentsen Kelly Lorentsen MGRM 7/21/04 (727) 376-3880
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM/MBR, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #