


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:11

DOCUMENT # L03000044600 1. Entity Name NETTLES CARPENTRY LLC	
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Principal Place of Business 8045 BLUE SMOKE DRIVE TALLAHASSEE, FL 32312	Mailing Address 8045 BLUE SMOKE DRIVE TALLAHASSEE, FL 32312
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05042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0098355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NETTLES, WILLIAM J 8045 BLUE SMOKE DRIVE TALLAHASSEE, FL 32312
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**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

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NETTLES, WILLIAM J 8045 BLUE SMOKE DRIVE TALLAHASSEE, FL 32312
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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 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: William J Nettles 5-5-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #