

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044858

1. Entity Name

CRAIG SMITH CARPENTRY, LLC



Principal Place of Business

1000 N. WINTER PARK DRIVE
CASSELBERRY, FL 32707 US

Mailing Address

1000 N. WINTER PARK DRIVE
CASSELBERRY, FL 32707 US

DO NOT WRITE IN THIS SPACE



04212007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0396396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CRAIG A
1000 N. WINTER PARK DRIVE
CASSELBERRY, FL 32707

**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 MGRM
NAME SMITH, CRAIG A
STREET ADDRESS 1000 N. WINTER PARK DRIVE
CITY-ST-ZIP CASSELBERRY, FL 32707

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05/10/07-80016-017 55.00

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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 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: _____

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

Apr 27, 07

Date

407) 927-4466

Daytime Phone #