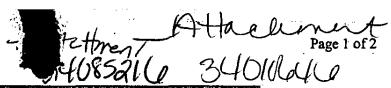
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Oct 01, 2004 8:00 am Secretary of State 09-14-2004 90067 030 ****50.00

DOCUMENT # L03000045573 1. Entity Name A & R CUSTOM CARPENTRY, LLC						09-14-2004 90067 030 ****50.00			
Principal Place	ot Business	Mailing Address -					3401004	υ	
245 RICH LANE HAVANA, FL 32333		P.O. BOX 461 Havana, Fl. 32333					NI 45 H. S.S. S. ISI S.		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08122004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. EEI Number	m4040	<i>K//</i>	Applied For	
Zip Country Zip		Zip	Country			of Status Desired	S5.00 A	fditional	
8. Name and Address of Current F		agistered Agent		7. Name and Address of New Registered Agent					
to make the substitute of the second of the									
ROQUEPLOT, ROBERT A JR. 245 RICH LANE HAVANA, FL 32333			Street Address (P.O. Box Number is Not Acceptable)						
)				City	· · · · · · · · · · · · · · · · · · ·	·····	Zip Co	de	
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									
_	ions of registered agent. Signature, typed or printed name of registered agent a				cuired when reinstating)		DATE		
	Signature, When or private name or registered agent a	und spe in apparcation. (NOTE	: Hagistare	a videux aidurense sec	drawed winder (directability)	**************************************		27 8 St. 1840	
Fil Due b	ing Fee is \$50.00 by September 8, 2004				la de la companya de	Mal Florid	ce check payable to a Department of Str	ted - ray	
9.	MANAGING MEMBE		10.		Į,c	ADDITIONS	/CHANGES		
TITLE	MGRM / President/ TR	Cas. Detete	TITL	1.	MGRM /	Res/ TRI	Change 🔀 Change	Addition	
NAME	ROQUEPLOT, ROBERT A JR.		NAM						
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 461 HAVANA, FL. 32333			ET ADORESS -ST-ZIP					
TITLE	TOTAL COLOR	☐ Delete	311L		Dember / V-1	POON / 5011	ecoses Change	Addition	
NAME	, , , , , ,		NAM	£ /	RoquepleT	APRIL	L.	1 120000000	
STREET ADDRESS	4.3		STRU	ET ADORESS	Roqueple 7 1.0. Box 4	61"			
CITY-ST-ZIP		1. Ch	CITY		Havara,				
TITLE		☐ Delete	TITL.	E	,		Change	Addition	
NAME			NAM	-					
STREET ADDRESS CITY-ST-ZIP	•			ET ADORESS - ST-ZIP					
TITLE	•	Delete	m				☐ Change	Addition	
NAME	:		NAM					_	
STREET ADDRESS				EET ACORESS					
CITY-ST-ZIP	•		TITL	- ST- ZIP			☐ Change	Addition	
NAME		C Delate	NAM					Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			ÇTTY	-ST-ZIP					
TITLE		☐ Delete	गाः	i			Change	Addition	
NAME STREET ADDRESS			NAN STR	EET ADDRESS		•			
CITY-ST-ZIP		•		-ST-ZIP					
11. I hereby	certify that the information supplied with	this filing does not qualify for	the exe	mption stated i	in Section 119,07(3)(i). Florida Statutes	. I further certify that the	information	
indicated Imited lis	on this report is true and accurate and bility company or the receiver or trusted	that my signature shall have e empowered to execute this	the sem report a	e legal effect a: s required by C	s if made under oath; Chapter 608, Florida S	; that I am a mana Statutes.	iging member or mana	ger of the	
D. 11D- 110 ALM PO 500									

Division of Corporations





Florida Limited Liability

A & R CUSTOM CARPENTRY, LLC

PRINCIPAL ADDRESS 245 RICH LANE HAVANA FL 32333

MAILING ADDRESS P.O. BOX 461 HAVANA FL 32333

Document Number L03000045573

FEI Number NONE Date Filed 11/19/2003

State FL Status ACTIVE Effective Date 11/18/2003

Total Contribution 0.00

Registered Agent

Name & Address

ROQUEPLOT, ROBERT A JR. 245 RICH LANE HAVANA FL 32333

Manager/Member Detail

Name & Address	Title	
ROQUEPLOT, ROBERT A JR. P.O. BOX 461	MGRM	
HAVANA FL 32333		

Annual Reports

Report Year Filed Date

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e Nexterillini



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 15, 2004

A & R CUSTOM CARPENTRY, LLC P.O. BOX 461 HAVANA, FL 32333

Subject: A & R CUSTOM CARPENTRY, LLC

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH ANNUAL REPORTS SECTION