

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000047368

1. Entity Name
CUSTOM CARPENTRY SERVICES, LLC



Principal Place of Business

1590 HIBISCUS AVENUE
WINTER PARK, FL 32789

Mailing Address

1590 HIBISCUS AVENUE
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



02112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0802264

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAMBRI, LAWRENCE J
1590 HIBISCUS AVENUE
WINTER PARK, FL 32789

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|-----------------------|
| TITLE | MGRM |
| NAME | ZAMBRI, LAWRENCE J |
| STREET ADDRESS | 1590 HIBISCUS AVE |
| CITY - ST - ZIP | WINTER PARK, FL 32789 |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

02112005-0249084
02/25/05-20024-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

2-21-05 407-810-9402