

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/12/2007-90040-009-\$50.00-\$50.00

DOCUMENT # L03000047915 1. Entity Name OLEGARIO SANCHEZ CARPENTRY LLC			
Principal Place of Business 196 WILD TURKEY LANE QUINCY, FL 32351		Mailing Address 196 WILD TURKEY LANE QUINCY, FL 32351	
2. Principal Place of Business - No P.O. Box # 1604 Cherry Hill Lane Suite, Apt. #, etc.		3. Mailing Address 1604 Cherry Hill Lane Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32312		City & State Tallahassee, FL Zip 32312	
Country USA		Country USA	
4. FEI Number 20-0458313		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, SHAWNA E 196 WILD TURKEY LANE QUINCY, FL 32351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1604 Cherry Hill Lane City Tallahassee FL Zip Code 32312	
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 reappointing)			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, OLEGARIO 196 WILD TURKEY ROAD QUINCY, FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Olegario Sanchez 1604 Cherry Hill Lane Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, FELIPE S 196 WILD TURKEY LANE QUINCY, FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, JOSE M 196 WILD TURKEY LANE QUINCY, FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Shawna Sanchez 1604 Cherry Hill Lane Tallahassee, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	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 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: <u>Olegario S. Sanchez</u>		Date: <u>9-10-07</u>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <u>850-906-3164</u>	