

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000047981

1. Entity Name
KCS CARPENTRY, LLC



Principal Place of Business
953 NW SPRUCE RIDGE DRIVE
STUART, FL 34994

Mailing Address
953 NW SPRUCE RIDGE DRIVE
STUART, FL 34994

FILED
Apr 23, 2007 08:00 AM
Secretary of State



04172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0712340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWEIKERT, KENNETH C JR.
953 NW SPRUCE RIDGE DRIVE
STUART, FL 34994

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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**

000000724053
05/02/07-80095-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHWEIKERT, KENNETH C JR
953 NW SPRUCE RIDGE DRIVE
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

4/17/2007 (772) 215-3351
Date Daytime Phone #

KENNETH C. SCHWEIKERT