

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90077 037 ****50.00

DOCUMENT # L03000048089

1. Entity Name
PISTILLI CUSTOM CARPENTRY, LLC



Principal Place of Business
2833 WEST FAIRBANKS AVE
WINTER PARK, FL 32789

Mailing Address
2833 WEST FAIRBANKS AVE
WINTER PARK, FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, CARLA D ESQ
1206 EAST RIDGEOOD STREET
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PISTILLI, JOSEPH
2833 WEST FAIRBANKS AVE
WINTER PARK, FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joe Pistilli

Date

Daytime Phone #

3/16/06

407-740-5005

ATTACHMENT
CARLA DELOACH BRYANT
ATTORNEYS & COUNSELORS AT LAW, P.A.

20024182
#L03000048089

March 10, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Business Report for Pistilli Custom Carpentry, LLC

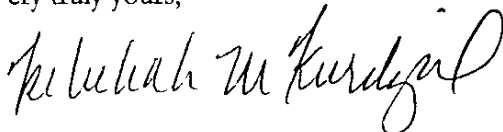
Dear Sir or Madam:

Enclosed please find the 2006 Uniform Business Report for Pistilli Custom Carpentry, LLC and a check, made payable to the Florida Department of State in the amount of fifty dollars (\$50.00). Please note that this company was originally reported without an FEI number and now the company has obtained the following number, which should be reflected on their account: 59-3488002.

If you have any questions regarding this filing, please contact my office.

I remain

Very truly yours,



Rebekah M. Kurdziel
For the Firm

RMK/kn
enclosures