2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 90111 007 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000048488

1. Entity Name
STEVEN'S FINE WOODWORKS LLC

Principal Place of Business	Mailing Address
1011 TRANQUIVIEW LN VALRICO FL 33594	1011 TRANQUIVIEW LN VALRICO FL 33594

2. Principal Place of Business		3. Mailing Address	
1011 TRANQUIVIEW LANE		1011 TRANQUIVIEW LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: VALRICO, FLORIDA		City & State: VALRICO, FLORIDA	
Zip: 33594	Country: HILLSBOROUGH	Zip: 33594	Country: HILLSBOROUGH

4. FEI Number 20-0159065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEFFERSON, STEVEN C 1011 TRANQUIVIEW LN VALRICO FL 33594	Name [redacted] Street Address [redacted] City [redacted] FL [redacted]

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER - MANAGER STEVEN C. JEFFERSON 1011 TRANQUIVIEW LANE VALRICO, FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: Steven C Jefferson STEVEN C. JEFFERSON 4/1/04 813 684-5892 813 716-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #