2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM Secretary of State DOCUMENT # L03000049932 NO FUSS FRAMING, LLC Principal Place of Business Mailing Address 279 OUR TOWN ROAD WEWAHITCHKA FL 32465 279 OUR TOWN ROAD WEWAHITCHKA FL 32465 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 59-3616926 Not Applicat Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERSON, BONNIE L Street Address (P.O. Box Number is Not Acceptable) 509 E. RIVER ROAD WEWAHITCHKA FL 32465 Zip Code City Fi 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 remstating) FILE NOW!!! FEE IS \$50.00 *1*,000,00412011 Make Check Payable to Florida Department of State 02/10/06-80031-001 **50.00** Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGRM Agasti Delete Titte ☐ Change NAME PETERSON, SAMUEL F MAME STREET ADDRESS 279 OUR TOWN ROAD STREEL ADORESS CITY-ST-ZIP WEWAHITCHKA FL 32465 C)FY-ST-ZIP TITLE ☐ Delete TALLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE 93113 Change ☐ Addish NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 3371 F □ Change ☐ Defete TITLE Artis NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP TITLE ☐ Delete DD) F Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-SI-702 CITY-ST-AP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED