

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90107 007 \*\*\*\*55.00

**DOCUMENT # L03000050151**

1. Entity Name  
**BORRELLI WOODWORKING, LLC**



Principal Place of Business  
22518 NW CR 241  
ALACHUA, FL 32615

Mailing Address  
22518 NW CR 241  
ALACHUA, FL 32615

**20067211**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-0428396

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

CRAIG, J NORMAN  
1135 NW 23 AVENUE, STE. M  
GAINESVILLE, FL 32609

Name **Mark M Borrelli**  
Street Address (P.O. Box Number is Not Acceptable)

**22518 N.W. County Rd. 241**

City **Alachua**

**FL**

Zip Code **32615**

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 **Borrelli, Mark M, MGRM**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Mark M Borrelli**

**8-11-05**

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
BORRELLI, MARK M  
22518 NW CR 241  
ALACHUA, FL 32615**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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: **Mark M Borrelli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**8-11-05 3864622831**

Date

Daytime Phone #