


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT****FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # L03000050526</b><br>1. Entity Name<br>DOM VIESTA CARPENTRY, LC |  |
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| Principal Place of Business<br>6724 APPROACH RD<br>SARASOTA, FL 34238 US | Mailing Address<br>6724 APPROACH RD<br>SARASOTA, FL 34238 US |
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| <b>DO NOT WRITE IN THIS SPACE</b> |
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02142005No Chg-LLC

CR2E083 (10/03)

|   |                                    |
|---|------------------------------------|
| 4. FEI Number<br>45-0529138                               | Applied For<br>Not Applicable      |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fees Required |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>VIESTA, DOM<br>6724 APPROACH RD<br>SARASOTA, FL 34238 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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7. 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) (NOT: Registered Agent's signature required when resigning) DATE \_\_\_\_\_


**Filing Fee is \$50.00**  
**Due by May 1, 2005**

000000232120  
02/16/05-80061-011 50.00

| 8. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>VIESTA, DOM L<br>6724 APPROACH RD<br>SARASOTA, FL 34238   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>VIESTA, DORIS A<br>6724 APPROACH RD<br>SARASOTA, FL 34238 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**  **Dom VIESTA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day's (Pluses)