

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050769

FILED  
Feb 07, 2008  
Secretary of State

Entity Name: MIKE MCDOWELL CARPENTRY, L.L.C.

**Current Principal Place of Business:**

1319 32ND AVENUE EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1512  
ONECO, FL 34264 US

**New Mailing Address:**

FEI Number: 26-0075587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDOWELL, MIKE  
1319 32ND AVENUE EAST  
BRADENTON, FL 34208 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCDOWELL, MIKE  
Address: 1319 32ND AVENUE E.  
City-St-Zip: BRADENTON, FL 34208

Title: MGRM (X) Delete  
Name: MARKGRAFF, CRAIG S  
Address: 4864 POST POINT DRIVE  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM (X) Delete  
Name: MAKGRAFF, BRETT M  
Address: 4864 POST POINT DRIVE  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKE MCDOWELL

MGRM

02/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date