

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # LQ3000051763

1. Entity Name
SUN CRAFTSMEN FINISH CARPENTRY LLC



Principal Place of Business
**4219 SPIRE ST
PORT CHARLOTTE, FL 33981**

Mailing Address
**PO BOX 2517
BOCA GRANDE, FL 33921**



01202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0083480

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PICCIUTO, HARRY
4219 SPIRE ST
PORT CHARLOTTE, FL 33981**

**DO NOT WRITE
IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PICCIUTO, HARRY
STREET ADDRESS	4219 SPIRE ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/05-80079-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #