


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**


02-02-2005 90156 029 \*\*\*\*50.00

<b>DOCUMENT # L03000052157</b>	
<b>1. Entity Name</b> ALEXIS CARPENTRY, LLC	

<b>Principal Place of Business</b> 124 S.W. 96 AVENUE MIAMI FL 33174 US	<b>Mailing Address</b> 124 S.W. 96 AVENUE MIAMI FL 33174 US
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<b>2. Principal Place of Business</b> 8807 N.W. 112th Street Suite, Apt. #, etc.	<b>3. Mailing Address</b> 8807 N.W. 112th Street Suite, Apt. #, etc.
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<b>City &amp; State</b> Hialeah Garden, FL	<b>City &amp; State</b> Hialeah Garden, FL
<b>Zip</b> 33018-4532	<b>Country</b> DADE
<b>Zip</b> 33018-4532	<b>Country</b> DADE

	
1st MOORE	CR2E083 (10/04)
<b>4. FEI Number</b> 20-0476440	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SANTOS, ALEXIS D 124 S.W. 96 AVENUE MIAMI FL 33174	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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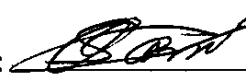
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTOS, ALEXIS D 124 S.W. 96 STREET MIAMI FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **1-26-05 786-586-2494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #