

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-02-2005 90154 012 \*\*\*\*\*55.00

**DOCUMENT # L03000052191**

1. Entity Name

TRUE CARPENTRY & CONCRETE, LLC



Principal Place of Business

806 3RD AVE W  
PALMETTO FL 34221

Mailing Address

806 3RD AVE W  
PALMETTO FL 34221

2. Principal Place of Business

5818 217 St. E.

Suite, Apt. #, etc.

3. Mailing Address

5818 217 St. E.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34211

Country

manatee

Zip

34211

Country

manatee

4. FEI Number

20-0467057

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, CHARLETON  
806 3RD AVE W  
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name Chariton Butler

Street Address (P.O. Box Number is Not Acceptable)

5818 217 St. E.

City Bradenton

FL

Zip Code 34211

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 agent applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGMR  
NAME BUTLER, CHARLETON  
STREET ADDRESS 06 3RD AVE W  
CITY-ST-ZIP PALMETTO FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #