

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90339 044 *****50.00

DOCUMENT # L03000053376

1. Entity Name

PIERCE CUSTOM CARPENTRY LLC



Principal Place of Business

Mailing Address

14900 SW 24TH PLACE
OCALA FL 34481

14900 SW 24TH PLACE
OCALA FL 34481



2. Principal Place of Business - No P.O. Box #

14900 SW 24TH PL

3. Mailing Address

~~14900 SW 24TH PL~~ P.O. Box 77084

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

20-0506952

☒ Applied For
☐ Not Applicable

Zip

34481

Country

marion

Zip

34477

Country

marion

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, RANDY J
14900 SW 24TH PLACE
OCALA FL 34481

7. Name and Address of New Registered Agent

Name Same

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

City

FL

Zip Code

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

Randy J. Pierce

(NOTE: Registered Agent signature required when reissuing)

2/21/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PIERCE, RANDY J
14900 SW 24TH PLACE
OCALA FL 34481 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COPENHAUER, ROBERT S
7897 CR 109TH E
LADY LAKE FL 32159 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Randy J. Pierce*

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

4/21/07

Date

352-266-0389

Daytime Phone #