## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## May 01, 2008 08:00 AN Secretary of State DOCUMENT # L03000053376 1. Entity Name PIERCE CUSTOM CARPENTRY LLC Principal Place of Business Mailing Address PO BOX 771284 14900 SW 24TH PLACE **OCALA FL 34481** OCALA FL 34477 2. Principal Place of Business - No P Q Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number AP-PLIED FOR Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIERCE, RANDY J Street Address (P.O. Box Number is Not Acceptable) 14900 SW 24TH PLACE OCALA FL 34481 City Z'υ 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 objugations of registered agent Signature, typed or printed harrie of registered agent and title diapphaseie. (NOTE: Bayistored Ayert's gliature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 U00000936445 Make Check Payable to Florida Department of State -30011-006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. THE MGRM Delete TITUE Change Addition PIERCE, RANDY J HAME NAME STREET ADDRESS 14900 SW 24TH PLACE STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZiP ☐ Delete TIME Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-Z:P Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE Change ☐ Addition HAMC NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TIT: F ☐ Change Addition HANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIP THLE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 AND TYPED OR WINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

4/25/08 N/A