08-09-2004 90148 022 ****55.00
L03000053666

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000053666

1. Entity Name

WOODWORKING BY JOSEPH MASSARO, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 19 PM 1:27

Principal Place of Business	Mailing Address
7424 ANTIETAM CT WINTER PARK FL 32792	7424 ANTIETAM CT WINTER PARK FL 32792

MOORE CR2E083 (4/04)

2. Principal Place of Business: 7424 Antietam Ct
Suite, Apt. #, etc.
City & State: Winter Park FL
Zip: 32792 Country: Seminole

3. Mailing Address: 7424 Antietam Ct
Suite, Apt. #, etc.
City & State: Winter Park FL
Zip: FL 32792 Country: Seminole

4. FEI Number: 562353527 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSARO, JOSEPH
7424 ANTIETAM CT
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name: Joseph Massaro
Street Address (P.O. Box Number is Not Acceptable): 7424 Antietam Ct.
City: Winter Park FL Zip Code: 32792

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: Joseph MASSARO Joseph Massaro 7/24/04
Signature, typed or printed name of registered agent and title if 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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Joseph Massaro 7424 Antietam CT Winter Park, Fl 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition KP 8/19/04
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Joseph Massaro JOSEPH MASSARO 7/24/04 (407) 678-8671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #