2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L03000053666

1. Entity Name
WOODWORKING BY JOSEPH MASSARO, LLC

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

MOORE CR2E083 (4/04)

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

2. Principal Place of Business	3. Mailing Address
7424 Antietam Ct	7424 Antietam Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park FL	City & State: Winter Park FL
Zip: 32792 / Country: Seminole	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	7. Name and Address of New Registered Agent
MASSARO, JOSEPH 7424 ANTIETAM CT WINTER PARK FL 32792	Name: Joseph Massaro Street Address (P.O. Box Number is Not Acceptable): 7424 Antietam Ct. Winter Park City: 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
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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 #