2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

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Entity Name: SQUARE DEAL FRAMING, LLC

Current Principal Place of Business:

273 MORRISON AVENUE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

273 MORRISON AVENUE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-0574457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAYNE, MYSTILENE T
273 MORRISON AVENUE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	VANHORN, RONALD L MR	
Address:	273 MORRISON AVE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459 US	
Title:	MGRM	( ) Delete
Name:	LABZDA, WILLIAM M MR	
Address:	94 JUNIPER ST	
City-St-Zip:	SANTA ROSA BEACH, FL 32459 US	
Title:	MGRM	( ) Delete
Name:	MEREDITH, FRED MR	
Address:	84 JUNIPER LN	
City-St-Zip:	SANTA ROSA BEACH, FL 32459 US	
Title:	MGR	( ) Delete
Name:	LAYNE, MYSTILENE T MS	
Address:	273 MORRISON AVE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	TETMAN, MITCHELL MR	
Address:	491 W PT WASHINGTON ST	
City-St-Zip:	SANTA ROSA BEACH, FL 32459 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MYSTILENE T. LAYNE MGR 04/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date