

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L03600054511

1. Entity Name

D H FRAMING, LLC



Principal Place of Business

1200 EAST HANCOCK DRIVE
DELTONA FL 32725

Mailing Address

1200 EAST HANCOCK DRIVE
DELTONA FL 32725



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FCI Number

20-0497782

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

HELISEK, DAVID W
1200 EAST HANCOCK DRIVE
DELTONA FL 32725

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HELISEK, DAVID W
STREET ADDRESS 1200 EAST HANCOCK DRIVE
CITY- ST- ZIP DELTONA FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Add
000000518528
05/02/06-80015-011 50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Add

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

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

David W. Helisek

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

4/17/06

407-314-6967

Date

Daytime Phone #