2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 24, 2007 8:00 am Secretary of State DOCUMENT # L03000055225 04-24-2007 90108 014 ****50.00 1. Entity Name CHARLE'S CARPENTRY LLC Principal Place of Business Mailing Address 2355 MCCALL BRIDGE RD 2355 MCCALL BRIDGE RD QUINCY FL 32351 QUINCY FL 32351 1st MOORE CR2E083 (10/06) Applied For City/80State City & State 4. FEI Number 20-0543837 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GURLEY, CHARLES 2355 MCCALL BRIDGE RD Street Address (P.O. Box Number is Not Acceptable) QUINCY FL 32351 Zip Code 8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. E: Registered Agent signature required when reinstaling) Signature, typed or printed norm FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10, 11111 ☐ Delete DILL Change Addition MGRM **GURLEY, CHARLES** STREET ADDRESS STREET ADDRESS 2355 MCCALL BRIDGE RD CHY ST-**OUINCY FL 32351** CITY ST ZIP HH Delete **[11]** Change Addition NAMI NAMi STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY S1-ZIP THILE ☐ Delete HILLE Change ☐ Addition NAM NAM STRILL ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST ZIP Defete П Спапое ☐ Addition TOU NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST 78P ☐ Change Addition mu □ Delele IIII£ NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY ST 7F HILLE ☐ Delete HILL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 PYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #