2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 12, 2008 8:00 am DOCUMENT # L03000056203 **Secretary of State** 1. Entity Name 02-12-2008 90066 044 ***138.75 THOMAS E. BECK FINISH CARPENTRY, LLC Principal Prace of Business Mailing Address 4206 SW 290TH STREET P.O. BOX 1134 NEWBERRY FL 32669 NEWBERRY FL 32669 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECK, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 4206 SW 290TH STREET NEWBERRY FL 32669 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requeed when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE Delete Change Addition NAME BECK, THOMAS E NAME STREET ADDRESS P.O. BOX 1134 STREET ADDRESS CITY-ST-ZIP NEWBERRY FL 32669 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-7IP City-St-ZiP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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

FILED