


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000056440	
1. Entity Name CARRIVEAU'S CUSTOM, LLC	

Principal Place of Business 3624 WESTWOOD RD ORLANDO, FL 32808 US	Mailing Address 3624 WESTWOOD RD ORLANDO, FL 32808 US
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DO NOT WRITE IN THIS SPACE



04172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-1096021	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required

8. Name and Address of Current Registered Agent

CARRIVEAU, RICHARD W
3624 WESTWOOD RD
ORLANDO, FL 32808

**DO NOT WRITE
IN THIS SPACE**

9. 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: *R. Cariveau* *R. Cariveau* *R. Cariveau* 4-17-05

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when removal is requested.)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRIVEAU, RICHARD W 3624 WESTWOOD RD ORLANDO, FL 32808
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04/20/05-80098-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *R. Cariveau* *R. Cariveau* 4-17-05 407 293 5455

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