2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Feb 15, 2007 08:00 AM Secretary of State DOCUMENT # L03000056440 1. Entity Name CARRIVEAU'S CUSTOM, LLC Principal Place of Business Mailing Address 3624 WESTWOOD RD 3624 WESTWOOD RD ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, ctc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-1096021 Not Applicable Zip Zip Country Country \$5,00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARRIVEAU, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 3624 WESTWOOD RD ORLANDO FL 32808 Zip Code 8. The above named ontity 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. IIHE **MGRM** ☐ Delete ☐ Change ➤ ☐ Addition NAME CARRIVEAU, RICHARD W STREET ADDRESS 3624 WESTWOOD RD STREET ADORESS CHY+ST-ZIP City-St-ZIP ORLANDO FL 32808 U00000637265 ☐ Delete JHH 02/26/07-80053-024**=50**@**0**0 Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP 1016 ☐ Delete ШП ☐ Change ☐ Addition NAMí NAM STREET ADDRESS STREET ADDRESS City-St-ZIC CITY-STEZIE mir Delete ШL ☐ Change ☐ Addition NAME STRIFT ADDRESS STRUCT ADDRESS CRY-ST-ZIP CITY-S1-ZIP mu ☐ Delete HILE ☐ Change Addition NAME NAMI STREET, LADORESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP THE Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP

11. I heroby cortify 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 eath; 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.

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SIGNATURE:

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