


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90372 026 \*\*\*\*55.00

**DOCUMENT # L03000056549**

1. Entity Name  
**TOP NOTCH CARPENTRY, LLC**



Principal Place of Business  
**3702 BELLWOOD DRIVE  
 TALLAHASSEE, FL 32303**

Mailing Address  
**3702 BELLWOOD DRIVE  
 TALLAHASSEE, FL 32303**

20053624



2. Principal Place of Business  
**1045 E. PEARL ST.**

3. Mailing Address  
**1045 E. PEARL ST**

Suite, Apt. #, etc.

04282005 Chg-LLC CR2E083 (10/03)

City & State  
**MONTICELLO, FL**

City & State  
**MONTICELLO, FL**

Zip  
**32344**

Country  
**USA**

4. FEI Number  
**010795463**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCARTY, MARK A JR.  
 3702 BELLWOOD DRIVE  
 TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name  
**SARA LISA MCCARTY (MANAGING MEMBER)**

Street Address (P.O. Box Number is Not Acceptable)  
**1045 E. PEARL ST.,**

City  
**MONTICELLO, FL**

Zip Code  
**32344**

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 *Sara McCarty* (MGRM) *Mark A. McCarty Jr.* (MGRM) **4-29-05**

*Sara McCarty* *MARK A. MCCARTY JR.*

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

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCARTY, MARK A JR. 3702 BELLWOOD DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER (MGRM) SARA LISA MCCARTY 1045 E. PEARL ST. MONTICELLO, FL 32344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NEW</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mark A. McCarty Jr.* (MGRM) **4-29-05** / (850) 443-0736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**MARK A. MCCARTY JR**