

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000056581

1. Entity Name
DENNIS R. TREFELNER CARPENTRY, L.L.C.



Principal Place of Business

**1450 COPENHAVER ROAD
FORT PIERCE, FL 34945**

Mailing Address

**1450 COPENHAVER ROAD
FORT PIERCE, FL 34945**

DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0568971

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

5. Name and Address of Current Registered Agent

**TREFELNER, DENNIS R SR
1450 COPENHAVER ROAD
FORT PIERCE, FL 34945**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TREFELNER, DENNIS R SR
1450 COPENHAVEN RD
FORT PIERCE, FL 34945**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1100000188236
01/24/05-80047-003 55.00

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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:

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

1-16-05

Date

772-2012886

Daytime Phone #