

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

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90057 002 ***138.75

DOCUMENT # L03000057226

1. Entity Name

M K CARPENTRY , LIMITED LIABILITY COMPANY



Principal Place of Business

4386 LA ROSA AVENUE
NORTH PORT FL 34286
US

Mailing Address

4386 LA ROSA AVENUE
NORTH PORT FL 34286
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number
20-0532185

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNIERIEM, MICHAEL J
4386 LAROSA AVE
NORTH PORT FL 34286

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reorganizing)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR KNIERIEM, MICHAEL J 4386 LAROSA AVE NORTH PORT FL 34286	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.

SIGNATURE: *Michael J Knieriem* Michael J Knieriem 06/23/08 941-724-7284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Cayman Phone #

ATTACHMENT

~~50007669~~
L03000057226

June 23, 2008

Dear Gretchen Harvey,

I was told to contact you about our situation pertaining to the Annual Report that was due on May 1, 2008. Due to the lack of work for my husband, because of the economy, we were not able to come up with the fee at that time to pay the Annual Report. We would like to take care of this matter now and were hoping you could work with us in regards to the late fee. I have sent the \$138.75. Thank you for your time in this matter.

Sincerely,

Gloria Knierem

Gloria Knierem

MK Carpentry LLC

4386 La Rosa Ave.

North Port, FL 34286