

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jul 10, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L04000005255**

1. Entity Name  
**GEORGE'S CABINET & WOODWORK SHOP LLC**



Principal Place of Business

**558 PORT LEON DR  
ST MARKS, FL 32352**

Mailing Address

**PO BOX 393  
ST MARKS, FL 32355**

**DO NOT WRITE IN THIS SPACE**



05072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

**05-0594869**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCCRANIE, GEORGE  
558 PORT LEON DR  
ST MARKS, FL 32352**

**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 restate)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	NGRM
NAME	MCCRANIE, GEORGE
STREET ADDRESS	PO BOX 393
CITY - ST - ZIP	ST MARKS, FL 32355

TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

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

**7-9-07 850.925-5606**

Date

Daytime Phone #