2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # **L04000005674**

1. Entity Name
HAROLD PEASLEY FRAMING & TRIM L.L.C.

Principal Place of Business	Mailing Address
11360 N. CIRCLE M. AVE. DUNNELLON FL 34433	11360 N. CIRCLE M. AVE. DUNNELLON FL 34433

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11360 N Circle M Ave	Dunnellon FL 34433
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunnellon FL 34433	City & State
Zip: 34433 / Country: USA	Zip / Country

4. FEI Number 59-1088174 ☐ 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
HAROLD, PEASLEY 11360 N. CIRCLE M. AVE. DUNNELLON FL 34433	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEASLEY, HAROLD		NAME	U00000770551
STREET ADDRESS	11360 N. CIRCLE M. AVE.		STREET ADDRESS	07/26/07-80002-009 55.00
CITY-ST-ZIP	DUNNELLON FL 34433		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Harold Peasley 7/24/07 352-302-3879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #