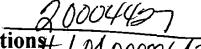
## FILED Jan 27, 2005 8:00 am Secretary of State

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # LO4000006437 LE DRIVENS DOLLING & CARPENTRY, LL.C.  Principal Price of Business 1352 W MINNESOTA AVE 1353 W MINNESOTA AVE 1354 W MINNESOTA AVE 1355 W MINNESOTA AVE 1355 W MINNESOTA AVE 1356 W MINNESOTA AVE 13							01-27-2005	90080 024 ****	55.00
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AND COUNTY DE COUNTY S. CO	Suite, Apt. #, etc.								
S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Street Address (P.O. Bio Number is Not Acceptable)  Street Address (P.O. Bio Number is Not Acceptable)  City  FL  Tip Code  Tip Code  City  FL  Tip Code	City & State					4. FEI Numb	5635376	No	t Applicable
Street Address (P.O. Box Number is Not Acceptable)	Ζip			Coun	try	5. Certificate	of Status Desired	\$5.00 Add Fee Require	litional d
GREER NORMAN D  1352 W MINNESOTA AVE  DELAND, FL 32/200  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. The above numeric entity submits this statement for the purpose of changing its registered agent, or bosh, in the State of Horida. I am fernital with, and accept the chilipations of registered agent.  SIGNATURE  Taylorian, inside of phistorian of injuries agent and the Facilitation of State  Filling Foo is \$50.00  Bus Make chock payable to Florida Department of State  Filling Foo is \$50.00  Rake chock payable to Florida Department of State  9. MANAGING MEMBERS/MANACHIS  10. ADDITIONS/CHANGES  11. ADDITIONS/CHANGES  12. ADDITIONS/CHANGES  12. ADDITIONS/CHANGES  13. ADDITIONS/CHANGES  14. ADDITIONS/CHANGES  15. ADDITIONS/CHANGES  16. ADDITIONS/CHANGES  16. ADDITIONS/CHANGES  17. ADDITIONS/CHANGES  18. ADDITIONS/CHANGES  18. ADDIT		6. Name and Address of Current	Registered Agent			7. Name and	I Address of New R	egistered Agent	
Sirce I Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	OBEED N	COLLAND TO			Name				
E. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Planta with, and accept the obligations of registered agent, or both, in the State of Florida.    Interpolation   Interpolati	1352 W M	INNESOTA AVE	Street A			ss (P.O. Box Numb	er is Not Acceptable	)	<del> </del>
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the obligations of registered agent.  SIGNATURE    Signature, typed or private ratio day of application.   OHDE: Registered Agent styrature received when releasable()   DATE		* ************************************							<del></del>
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STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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:			☐ Delete		1			☐ Change	Addition
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CITY-SI-ZIP  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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:    1.   Dereby 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
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## ATTACHMENT Division of Corporations



Page 1 of 1



## 2005 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

L04000006437

Business Entity Name DOUG'S REMODELING & CARPENTRY, L.L.C.

Original File Date

01/22/2004

FEI Number

Principal Address 1352 W MINNESOTA AVE

DELAND, FL 32720 US

Mailing Address

1352 W MINNESOTA AVE

DELAND, FL 32720 US

Registered Agent NORMAN D GREER

1352 W MINNESOTA AVE DELAND, FL 32720 US

Managing Member/Manager Name And Address

**MGR** NORMAN D GREER 1352 W MINNESOTA AVE DELAND, FL 32720 US



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Page 1 of 1

L04000006437

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