

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

02-28-2005 90049 025 ****50.00

DOCUMENT # L04000007305 1. Entity Name TROYER FRAMING, LLC																																								
Principal Place of Business 16736 POWERLINE RD DADE CITY FL 33523			Mailing Address 16736 POWERLINE RD DADE CITY FL 33523																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																						
City & State Zip		City & State Zip		4. FEI Number 54-2447092 Applied For ☐ Not Applicable																																				
Country		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																				
6. Name and Address of Current Registered Agent TROYER, DANIEL 16736 POWERLINE RD DADE CITY FL 33523				7. Name and Address of New Registered Agent 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 registering))																																								
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																																								
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> Managing member DANIEL TROYER 16736 Powerline Rd. DADE CITY, FL 33523 </td> <td style="text-align: right;"> ☐ Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member DANIEL TROYER 16736 Powerline Rd. DADE CITY, FL 33523	☐ Delete																			10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition												
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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: <u>Daniel E Troyer</u> DANIEL E TROYER FEB-17-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																								

Sole Proprietor (352) 567-4256