

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90031 006 \*\*\*\*50.00

**DOCUMENT # L04000007597**

1. Entity Name  
**DAVID T. WASHBURN CARPENTRY, LLC**



Principal Place of Business  
**1408 NORTH COUNTY HIGHWAY 393  
SANTA ROSA BEACH, FL 32459**

Mailing Address  
**1408 NORTH COUNTY HIGHWAY 393  
SANTA ROSA BEACH, FL 32459**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**USA**

Zip

Country

03032005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**20-0687515**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WASHBURN, DAVID T  
1408 NORTH COUNTY HIGHWAY 393  
SANTA ROSA BEACH, FL 32459**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WASHBURN, DAVID T  
1408 NORTH COUNTY HIGHWAY 393  
SANTA ROSA BEACH, FL 32459** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WASHBURN, DENITA R  
1408 NORTH COUNTY HIGHWAY 393  
SANTA ROSA BEACH, FL 32459** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Danita R. Washburn** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

**Danita R. Washburn (Danita R. WASHBURN)** 3/7/05 850-267-0445

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

Date

Daytime Phone #