

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90114 008 \*\*\*\*50.00  
04-27-2007 90022 041 \*\*\*\*50.00

**DOCUMENT # L04000007626**

1. Entity Name  
**ROY CARPENTER, LLC**



Mr. Roy Carpenter  
5674 Beale Ford Rd.  
Pace, FL 32571

Mailing Address  
4441 BELL LANE  
PACE, FL 32571

*New address*

**60041784**



03192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**92-0198305**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARPENTER, LUCILLE  
4441 BELL LANE  
PACE, FL 32571

**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

*Lucille Carpenter*

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CARPENTER, LUCILLE  
4441 BELL LANE  
PACE, FL 32571

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CARPENTER, ROY JR  
4417 BELL LANE  
MILTON, FL 32571

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CARPENTER, ROY SR  
4441 BELL LANE  
MILTON, FL 32571

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:**

*Roy Carpenter* *Lucille Carpenter*

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

Date

Daytime Phone #

*4/5/07* *4/19/07*