

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 APR 30 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000007626

1. Entity Name  
ROY CARPENTER, LLC



Principal Place of Business  
5674 BEALE FORD RD  
PACE, FL 32571

Mailing Address  
5674 BEALE FORD RD  
PACE, FL 32571

2. Principal Place of Business - No P.O. Box #  
5674 Beale Ford Rd  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.



04152008 Chg-LLC CR2E083 (12/06)

City & State  
Pace, FL  
Zip  
32571  
Country  
Santa Rosa

City & State  
Pace, FL  
Zip  
32571  
Country  
Santa Rosa

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  
5674 BEALE FORD RD  
PACE, FL 32571

7. Name and Address of New Registered Agent  
Name  
Lucille Carpenter  
Street Address (P.O. Box Number is Not Acceptable)  
5674 Beale Ford Rd  
City  
Pace FL Zip Code  
32571

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

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGR  
CARPENTER, LUCILLE  
STREET ADDRESS  
5674 BEALE FORD RD  
CITY-ST-ZIP  
PACE, FL 32571 ☐ Delete

TITLE  
NAME  
MGRM  
CARPENTER, ROY JR  
STREET ADDRESS  
5674 BEALE FORD RD  
CITY-ST-ZIP  
PACE, FL 32571 ☐ Delete

TITLE  
NAME  
MGRM  
CARPENTER, ROY SR  
STREET ADDRESS  
5674 BEALE FORD RD  
CITY-ST-ZIP  
PACE, FL 32571 ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
*Sent \$50 in March ch#10*  
*Balance*  
000123684780  
04/16/08--01008--020 \*\*88.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
*Went you sent Card*  
*Notifying had to be Paid*  
*by mail* (P)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
507123903551

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
5/9/07 \$50.00

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

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: *Lucille Carpenter* Lucille CARPENTER 4/28/08 994 6559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #