


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90083 012 ****50.00

DOCUMENT # L04000007711	
1. Entity Name RICHARD POWELL CARPENTRY LLC	

Principal Place of Business 510 BIG RICHARD RD TALLAHASSEE FL 32310	Mailing Address 510 BIG RICHARD RD TALLAHASSEE FL 32310
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2. Principal Place of Business <i>510 Big Richard Rd.</i> Suite, Apt. #, etc.	3. Mailing Address <i>510 Big Richard Rd.</i> Suite, Apt. #, etc. TALL FLA
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City & State TALL. FLA	City & State 32310	4. FEI Number 412111459	Applied For Not Applicable
Zip 32310	Country LEON	Zip 32310	Country LEON



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent POWELL, PEGGY 510 BIG RICHARD RD TALLAHASSEE FL 32310		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Richard Powell* (NOTE: Registered Agent signature required when reinstating) DATE *April 26-05*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POWELL, RICHARD 510 BIG RICHARD RD TALLAHASSEE FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POWELL, PEGGY 510 BIG RICHARD RD TALLAHASSEE FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard Powell* DATE: *April 26-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Attachment
40072039
#L04000007711

I am employed at Chapel
Terrace apt.
1828 W. Persimmon St.
Tallahassee FL

I was not sure how to
answer question. Am 2

Richard Breef

ph # 850-1350-4484
day cell 850-459-6631