


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000009041</b> 1. Entity Name <b>DAVE WINTERS WOODWORKING LLC</b>	
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Principal Place of Business <b>919 SUNSHINE WAY SW WINTER HAVEN, FL 33880 US</b>	Mailing Address <b>919 SUNSHINE WAY SW WINTER HAVEN, FL 33880 US</b>
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**DO NOT WRITE IN THIS SPACE**

01202008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-0680775</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WINTERS, DAVID R  
919 SUNSHINE WAY SW  
WINTER HAVEN, FL 33880**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

U00000901093  
04/29/08-80055-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINTERS, DAVID R 919 SUNSHINE WAY SW WINTER HAVEN, FL 33880
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**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:**

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

Date

Daytime Phone #

4/14/08

863-293-2458