

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000009592**

1. Entity Name

D.K.L. FRAMING, LLC



Principal Place of Business

12419 ELOIAN DRIVE  
THONOTOSASS FL 33592

Mailing Address

12419 ELOIAN DRIVE  
THONOTOSASS FL 33592



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FC# Number

26-7558900

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STONE, JEANETTE  
2711 GLENVIEW DR.  
LAND O LAKES FL 34639

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2006**

000000404486  
02/07/06-80001-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: LANIER, DALE ☐ Delete  
STREET ADDRESS: 12419 ELOIAN DRIVE  
CITY- ST- ZIP: THONOTOSASS FL 33592

TITLE: ☐ Delete  
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CITY- ST- ZIP:

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10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Add  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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CITY- ST- ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Dale L. Lanier*

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

Date

Daytime Phone #

1-24-06