2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Mar 03, 2005 8:00 am
Secretary of State
01-28-2005 90075 008 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000009721

1. Entity Name
CARPENTRY BY SAM TEDROS LLC

Principal Place of Business	Mailing Address
11 VIOLET CT DELAND FL 32724	11 VIOLET CT DELAND FL 32724

2. Principal Place of Business	3. Mailing Address
11 Violet Ct.	11 Violet Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland Fl	City & State: Deland Fl
Zip: 32724 Country: Volusia	Zip: 32724 Country: Volusia

4. FEI Number 263550026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEDROS, SAM N
11 VIOLET COURT
DELAND FL 32724

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 Sam N. Tedros 1-24-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	Manager Sam Tedros 11 Violet Ct. Deland, Fl 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Sam Tedros - Sam Tedros 2-28-05 386-943-6144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #