

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

05-02-2005 90122 041 ****50.00

DOCUMENT # L04000010256			
1. Entry Name MARTIN YGNACIO CARPENTRY, LLC			
Principal Place of Business 3220 TROY AVENUE LAKELAND, FL 33813		Mailing Address 3220 TROY AVENUE LAKELAND, FL 33813	
2. Principal Place of Business		3. Mailing Address P.O. Box 7546	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lakeland, FL	
Zip	Country	Zip 33807-7546	Country U.S.A.
4. FEI Number 58-2683752		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent YGNACIO, MARTIN 3220 TROY AVENUE LAKELAND, FL 33813		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 X Martin Ygnacio		DATE 4-29-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MEMR Ygnacio, Martin 3220 Troy Ave. Lakeland, FL 33813	☐ 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: X Martin Ygnacio		DATE 4-29-05 863-640-4578	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	