

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90174 019 \*\*\*\*50.00

**DOCUMENT # L04000013968**

1. Entity Name  
**RON LITTLEFIELD'S CARPENTRY L.L.C.**



**30005348**

Principal Place of Business  
**7291 W. CAPPS  
MONTICELLO, FL 32344**

Mailing Address  
**7291 W. CAPPS  
MONTICELLO, FL 32344**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LITTLEFIELD, RONALD S  
7291 W. CAPPS  
MONTICELLO, FL 32344**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
LITTLEFIELD, RONALD S  
7291 W. CAPPS  
MONTICELLO, FL 32344** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/6/07**

Date

**850 556 1807**

Daytime Phone

ATTACHMENT

3 0005348

# L04000013968

**RON LITTLEFIELD'S CARPENTRY, LLC**  
7291 W CAPPS • MONTICELLO, FL 32344  
850-556-1807

DATE: April 20, 2007

To Whom It May Concern:

After receiving your correspondence regarding the FEIN number and that your records indicate that I have applied for one; I contacted both my accountant and the IRS.

At no time have I applied for the number. Because your correspondence insists that I have applied for the number and that you will not process my Annual Report document without this information provided, I am including the documents that I have received from the IRS. Please note that I applied for the number on **March 22, 2007** in order to meet your demands.

In the past I have always used my SS#, which has been on file. See attached copy of my Workers Compensation Exemption certificate.

I hope that the information that is included will complete the transaction.

Regards,

Ron Littlefield

# ATTACHMENT



30005348

09-21-2005

#L04000013968

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 10/02/2005

\*\* EXPIRATION DATE: 10/02/2007

PERSON: LITTLEFIELD RONALD S

FEIN: 266398946

BUSINESS NAME AND ADDRESS: RON LITTLEFIELD'S CARPENTRY LLC  
7291 W. CAPPS  
MONTICELLO FL 32344

SCOPE OF BUSINESS OR TRADE: 1- CARPENTRY

**IMPORTANT:** Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
CONSTRUCTION INDUSTRY  
CERTIFICATE OF EXEMPTION FROM FLORIDA  
WORKERS' COMPENSATION LAW



EFFECTIVE: 10/02/2005

\*\* EXPIRATION DATE: 10/02/2007

PERSON: RONALD S LITTLEFIELD

FEIN: 266398946

BUSINESS NAME AND ADDRESS: RON LITTLEFIELD'S CARPENTRY LLC  
7291 W. CAPPS  
MONTICELLO, FL 32344

SCOPE OF BUSINESS OR TRADE:

1- CARPENTRY

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**IMPORTANT**

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

CUT HERE

\* Carry bottom portion on the job, keep upper portion for your records.



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

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RON LITTLEFIELD CARPENTRY LLC  
RONALD S LITTLEFIELD SOLE MBR  
7291 W CAPPS  
MONTICELLO FL 32344

ATTACHMENT

30005348

# 104000013968

Date of this notice: 03-22-2007

Employer Identification Number:  
01-0889345

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 01-0889345. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 or Form 1024, Application for Recognition of Exemption and send to:

Internal Revenue Service  
PO Box 192  
Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices, or you can download this Publication from our Web site at [www.irs.gov](http://www.irs.gov). This Publication has details on how you can apply.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records.
- \* Use this EIN and your name exactly as they appear above on all your federal tax forms.
- \* Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

X

102276