

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L04000013968

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



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

Mailing Address
7291 W. CAPPS
MONTICELLO, FL 32344



04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0889345

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U00000890450
04/22/08-80096-003 138.75

9. MANAGING MEMBERS/MANAGERS

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

TITLE	
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CITY-ST-ZIP	

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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, OR AUTHORIZED REPRESENTATIVE

4/6/08 (850) 556 1807
Date Daytime Phone #