

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90024 045 ****55.00

DOCUMENT # L04000014521

1. Entity Name
THE FRAMING SOURCE, LLC



Principal Place of Business
**1551 BUDLEIGH ST
CLEARWATER, FL 33756 US**

Mailing Address
**1551 BUDLEIGH ST
CLEARWATER, FL 33756 US**

20038056

2. Principal Place of Business
12728 59th Way N.

3. Mailing Address
12728 59th Way N.

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33760

Country
US

Zip
33760

Country
US

04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0771628

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JONSON, WILLIAM R
1551 BUDLEIGH ST
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name
12728 59th Way N.

Street Address (P.O. Box Number is Not Acceptable)
Clearwater

City & State
FL 33760

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 **William R Jonson**

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONSON, WILLIAM R 1551 BUDLEIGH ST CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12728 59th Way N. Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **William R Jonson** **4/12/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #