


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016107		
1. Entity Name ALMANDO MULLINGS CARPENTRY LLC		

Principal Place of Business 2509 HILL LAKE DRIVE TALLAHASSEE, FL 32308	Mailing Address 2509 HILL LAKE DRIVE TALLAHASSEE, FL 32308
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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

**FILED**  
07 MAY -8 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1278931	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MULLINGS, ALMANDO 2509 HILL LAKE DRIVE TALLAHASSEE, FL 32308	

7. Name and Address of New Registered Agent	
Name <i>Almando Mullings</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>2509 Hill Lake Drive</i>	
City <i>Tallahassee</i>	FL <i>32308</i>

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 <i>Almando Mullings</i>	DATE <i>5/8/07</i>

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLINGS, ALMANDO 2508 HILL LAKE DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  200103132012 05/24/07--01012--007 **50.00
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 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: <i>Almando Mullings</i>	DATE <i>5/8/07</i>