

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021453

FILED
Aug 14, 2005
Secretary of State

Entity Name: SUMMIT 7 WOODWORKING, LLC

Current Principal Place of Business:

3740 PROSPECT AVENUE, UNIT 3
WEST PALM BEACH, FL 33404

New Principal Place of Business:

1900 AVENUE L
RIVIERA BEACH, FL 33404

Current Mailing Address:

3740 PROSPECT AVENUE, UNIT 3
WEST PALM BEACH, FL 33404

New Mailing Address:

1900 AVENUE L
RIVIERA BEACH, FL 33404

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JIMENEZ, LUIS
13926 55TH ROAD NORTH
WEST PALM BEACH, FL 33411 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JIMENEZ, LUIS
Address: 13926 55TH ROAD NORTH
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Delete
Name: PEX, MICHAEL J
Address: 9906 NW 51ST TER
City-St-Zip: MIAMI, FL 331781931

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIS JIMENEZ

MR.

08/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date