


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000028007 1. Entity Name DEBARGE CARPENTRY LLC	
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Principal Place of Business
**2670 VAN ARSDALE STREET
OVIEDO, FL 32765**

Mailing Address
**POST OFFICE BOX 621108
OVIEDO, FL 32765**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-LLC

CR2E063 (11/05)

4. FEI Number
20-0985313

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEBARGE, HOWARD L
2670 VAN ARSDALE STREET
OVIEDO, FL 32765**

**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: *Howard L DeBarge Jr*

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

(NOTE: Registered Agent signature required when reinstating)

1/3/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEBARGE, HOWARD L POST OFFICE BOX 621108 OVIEDO, FL 32765
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01/09/06-80017-020 55.00

**DO NOT WRITE
IN THIS SPACE**

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: HOWARD L DEBARGE JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Howard L DeBarge Jr

321-363-7104

1/3/06

Date

Daytime Phone #