

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035483

FILED
Mar 16, 2007
Secretary of State

Entity Name: MIKE'S NATURAL WOOD INTERIORS, LLC

Current Principal Place of Business:

572 SW CRAWFISH DR
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

572 SW CRAWFISH DR
PORT ST. LUCIE, FL 34953

New Mailing Address:

11420 US HWY ONE SUITE 147
NORTH PALM BEACH, FL 33408

FEI Number: 20-0755442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFE HARBOUR CONSULTING, LLC
11420 US HWY ONE #147
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: PETERS, MICHAEL T
Address: 572 SW CRAWFISH DR
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES:

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 Chapter 119, 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: MICHAEL PETERS

MGRM

03/16/2007

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