

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035483

FILED  
Apr 21, 2008  
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:**

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

**New Mailing Address:**

572 SW CRAWFISH DR  
PORT ST. LUCIE, FL 34953

FEI Number: 20-0755442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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:**

PETERS, MIKE T MGRM  
572 SW CRAWFISH DR  
PORT ST LUCIE, FL 34953 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: MICHAEL T PETERS

04/21/2008

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 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 T PETERS

MGRM

04/21/2008

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