2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000036009

1. Entity Name

CHESSON'S CARPENTERS, LLC

Principal Place of Business	Mailing Address
1601 E. BOUGAINVILLEA TAMPA FL 33612	1601 E. BOUGAINVILLEA TAMPA FL 33612

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1601 E. Bougainville Ave	1601 E. Bougainville Ave
Suite, Apt. #, etc.: House	Suite, Apt. #, etc.: House
City & State: Tampa Fla	City & State: Tampa Fla
Zip: 33612 Country: Hillsbrough	Zip: 33612 Country: Hillsbrough

4. FEI Number 68-0585497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHESSON, JACK
1601 E. BOUGAINVILLEA
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHESSON, JACK 1601 E. BOUGAINVILLEA TAMPA FL 33612	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	H00000447109 03/08/06 00040-024 50.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jack Chesson