

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000036718

1. Entity Name  
TIM ROSS CARPENTRY LLC



FILED  
2005 SEP 13 PM 2:14  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4745 COBBLESTONE LANE  
TALLAHASSEE, FL 32305

Mailing Address  
4745 COBBLESTONE LANE  
TALLAHASSEE, FL 32305



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

09132005 Chg-LLC CR2E083 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number ☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, TIM  
4745 COBBLESTONE LANE  
TALLAHASSEE, FL 32305

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by October 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME ROSS, TIM  
STREET ADDRESS 4745 COBBLESTONE LANE  
CITY-ST-ZIP TALLAHASSEE, FL 32305

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Tim Ross  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #