

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90187 045 ****55.00

DOCUMENT # L04000038672

1. Entity Name
SAVELL CABINET & TRIM LLC



Principal Place of Business
**4505 131ST AVE N UNIT 16
CLEARWATER, FL 33762**

Mailing Address
**4505 131ST AVE N UNIT 16
CLEARWATER, FL 33762**

20000000



2. Principal Place of Business

3. Mailing Address

Above

Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

08122005 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0809961

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAVELL, DAVID L
4505 131ST AVE N UNIT 16
CLEARWATER, FL 33762**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SAVELL, DAVID L
4505 131ST AVE N UNIT 16
CLEARWATER, FL 33762** ☐ Delete

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

TITLE
NAME
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

8-18-05

ATTACHMENT



20066994

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 15, 2005

SAVELL CABINET & TRIM LLC
4505 131ST AVE N UNIT 16
CLEARWATER, FL 33762

SUBJECT: SAVELL CABINET & TRIM LLC
Ref. Number: L04000038672

We have received your document for SAVELL CABINET & TRIM LLC and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the limited liability company annual report/uniform business report form is \$50. Please include an additional \$5 for each certificate of status requested.

The annual report/uniform business report must be signed by a general partner.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 305A00051958