

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90252 014 ****50.00



DOCUMENT # L04000039514

1. Entity Name

DAVID BROMLEY CARPENTRY, LLC

Principal Place of Business

6374 SE LOCKERBY PLACE
HOBE SOUND FL 33455

Mailing Address

6374 SE LOCKERBY PLACE
HOBE SOUND FL 33455



2. Principal Place of Business - No P.O. Box #

13415 S.E. Powerline rd

Suite, Apt. #, etc.

Hobe Sound, FL

3. Mailing Address

13415 S.E. Powerline rd.

Suite, Apt. #, etc.

Hobe Sound, FL

1st MOORE

CR2E083 (10/06)

4. FEI Number

26-0087360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K
480 MAPLEWOOD DRIVE, SUITE 5
HOBE SOUND FL 33455

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

NAME MGR ☐ Delete
BROMLEY, DAVID
STREET ADDRESS 6374 SE LOCKERBY PLACE
CITY ST ZIP HOBE SOUND FL 33455

NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

10. ADDITIONS/CHANGES

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

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

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:

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

Date

Daytime Phone #

3/27/07