

FILED
Feb 09, 2007 08:00 AM
Secretary of State

L04000059488 1. Entity Name BUCHANAN CARPENTRY, LLC		Feb 09, 2007 08:00 Secretary of State																																								
<div style="float: left; width: 50%;">Principal Place of Business 1223 GUILD ST. PORT CHARLOTTE, FL 33952</div> <div style="float: right; width: 50%;">Mailing Address 1223 GUILD ST. PORT CHARLOTTE, FL 33952</div> <div style="clear: both;"></div>		<div style="margin-bottom: 10px;"></div> <div style="font-size: small; margin-bottom: 10px;">02032007 [barcode] [barcode]</div> <div style="display: flex; justify-content: space-between;"><div style="flex-grow: 1;">4. FEI Number 20-1387871</div><div style="border-left: 1px solid black; font-size: x-small; padding-left: 5px;">Applied For Not Applicable</div></div> <div style="display: flex; align-items: center; justify-content: space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/> \$5.00 [barcode] [barcode]</div></div>																																								
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6. Name and Address of Current Registered Agent BUCHANAN, NADINE L 1223 GUILD ST PORT CHARLOTTE, FL 33952-2749		<div style="height: 100px; vertical-align: middle; text-align: center; font-weight: bold; font-size: large;">DO NOT WRITE IN THIS SPACE</div>																																								
<div style="font-size: x-small;">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.</div> <div style="display: flex; justify-content: space-between; align-items: baseline; margin-top: 10px;"><div>SIGNATURE _____ <div style="font-size: xx-small; width: 100%;">Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</div></div><div style="width: 20%; text-align: right;">DATE _____</div></div>																																										
Filing Fee is \$50.00 Due by May 1, 2007		U000000630279 02/19/07-80034-024 50.00																																								
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%; font-size: x-small;">TITLE</td><td>MGR</td></tr><tr><td style="font-size: x-small;">NAME</td><td>BUCHANAN, NADINE L</td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td>1223 GUILD ST</td></tr><tr><td style="font-size: x-small;">CITY-ST-ZIP</td><td>PORT CHARLOTTE, FL 339522749</td></tr><tr><td style="font-size: x-small;">TITLE</td><td></td></tr><tr><td style="font-size: x-small;">NAME</td><td></td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: x-small;">CITY-ST-ZIP</td><td></td></tr><tr><td style="font-size: x-small;">TITLE</td><td></td></tr><tr><td style="font-size: x-small;">NAME</td><td></td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: x-small;">CITY-ST-ZIP</td><td></td></tr><tr><td style="font-size: x-small;">TITLE</td><td></td></tr><tr><td style="font-size: x-small;">NAME</td><td></td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: x-small;">CITY-ST-ZIP</td><td></td></tr><tr><td style="font-size: x-small;">TITLE</td><td></td></tr><tr><td style="font-size: x-small;">NAME</td><td></td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: x-small;">CITY-ST-ZIP</td><td></td></tr></table>		TITLE	MGR	NAME	BUCHANAN, NADINE L	STREET ADDRESS	1223 GUILD ST	CITY-ST-ZIP	PORT CHARLOTTE, FL 339522749	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="height: 100px; vertical-align: middle; text-align: center; font-weight: bold; font-size: large;">DO NOT WRITE IN THIS SPACE</div>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <div style="font-size: x-small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</div>		Date: <u>2/17/07</u> <div style="font-size: x-small;">Daytime Phone #</div>																																								