


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90028 015 \*\*\*\*50.00

DOCUMENT # L04000061801			
1. Entity Name TODD A. HUFFMAN CARPENTRY, LLC			
Principal Place of Business 2702 NANCY STREET SARASOTA, FL 34237 US		Mailing Address 2702 NANCY STREET SARASOTA, FL 34237 US	
2. Principal Place of Business - No P.O. Box # 3321 Everett Terr. Suite, Apt. #, etc.		3. Mailing Address 3321 Everett Terr. Suite, Apt. #, etc.	
City & State North Port		City & State North Port	
Zip 34286	Country Saracota	Zip 34286	Country Saracota
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUFFMAN, TODD A 2702 NANCY STREET SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name Todd Huffman Street Address (P.O. Box Number is Not Acceptable) 3321 Everett Terr. City North Port FL Zip Code 34286	
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 <u>Todd Huffman</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>Sept 9-07</u>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUFFMAN, TODD A 2702 NANCY STREET SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Todd Huffman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3321 Everett Terr. North Port Fl. 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Todd Huffman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>Sept 9-07</u> 941-376-0246 Daytime Phone #	