


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90189 049 *****55.00

DOCUMENT # L04000063405	
1. Entity Name J.J. & J. FRAMING, LLC	

Principal Place of Business 1300 EAST MOODY BLVD. BUNNELL, FL 32110	Mailing Address 1300 EAST MOODY BLVD. BUNNELL, FL 32110
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2. Principal Place of Business - No P.O. Box # <u>1326 E. Intl Speedway Blvd</u> Suite, Apt. #, etc. <u>Bldg D Unit 5</u> City & State <u>DeLand, FL</u> Zip <u>32724</u> Country <u>USA</u>	3. Mailing Address <u>1326 E Intl Speedway Blvd</u> Suite, Apt. #, etc. <u>Bldg D Unit 5</u> City & State <u>DeLand, FL</u> Zip <u>32724</u> Country <u>USA</u>
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02212007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1552945	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent MCNEAL, KERMIT S JR. 1300 EAST MOODY BLVD. BUNNELL, FL 32110	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>1326 E. Intl Speedway Blvd.</u> <u>Bldg D Unit 5</u> City <u>DeLand</u> <u>FL</u> Zip Code <u>32724</u>
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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 May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCNEAL, KERMIT S 25440 MARDON CIRCLE PAISLEY, FL 32767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WALKER, JAMES W 7800 EAST HIGHWAY 400 BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>25440 Mardon Circle</u> <u>Paisley, FL 32767</u>
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
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: Kermit McNeal 03/05/07 3869439433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #