


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90031 017 ****50.00

| | |
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| DOCUMENT # L04000070168 |  |
| 1. Entity Name RAYMOND COCHRAN CARPENTRY LLC | |

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|---|--|
| Principal Place of Business 7900 BRIARCREEK WEST TALLAHASSEE, FL 32312 | Mailing Address 1898 Folkstone St Tallahassee FL 32312 |
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04102006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
26-6838860

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

| | |
|--|--|
| 6. Name and Address of Current Registered Agent COCHRAN, RAYMOND 7900 BRIARCREEK WEST TALLAHASSEE, FL 32312 | 1898 Folkstone St Tallahassee FL 32312 |
|--|--|

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COCHRAN, RAYMOND M 7900 BRIARCREEK WEST TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1898 Folkstone St Tallahassee FL 32312 |
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IN THIS SPACE**

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:

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

Date

Daytime Phone #