

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084758

FILED
May 04, 2007
Secretary of State

Entity Name: M&M FRAMING, LLC

Current Principal Place of Business:

396 SONORA DRIVE
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

396 SONORA DRIVE
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 32-0133108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLEDGE, MICHAEL P
355 LINDEN LANE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLEDGE, MICHAEL
Address: 396 SONORA DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM () Delete
Name: DEFULVIO, JAMES A
Address: 396 SONORA DRIVE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGRM () Delete
Name: DEFULVIO, LARRY A
Address: 396 SONORA DRIVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL MILLEDGE

MGR

05/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date