


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000090406</b> 1. Entity Name <b>PARRISH FRAMING LLC</b>	
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Principal Place of Business <b>15039 NW MAGNOLIA CHURCH RD ALTA, FL 32421 US</b>	Mailing Address <b>15039 NW MAGNOLIA CHURCH ROAD ALTA, FL 32421 US</b>
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**DO NOT WRITE IN THIS SPACE**



07052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-2219415</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PARRISH, MARTIN F 15039 NW MAGNOLIA CHURCH ROAD ALTA, FL 32421</b>
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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 *Martin F Parrish* x *Debra L. Parrish* 7-7-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

UN00000769670  
07/19/07-80012-001 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARRISH, DEBRA L 15039 NW MAGNOLIA CHURCH ROAD ALTA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARRISH, MARTIN F 15039 NW MAGNOLIA CHURCH ROAD ALTA, FL 32421
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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:** *Martin F Parrish* 7-17-07 850-643-6389  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #