2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000002967

1. Entity Name

R & H WOODWORKING SUPPLIES, LLC



FILED
Aug 11, 2008 08:00 AM
Secretary of State

Principal Place of Business

4917 ALLEN RD ZEPHYRHILLS, FL 33541 Mailing Address

4917 ALLEN RD

ZEPHYRHILLS, FL 33541



08062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1767972

Applied For Not Applicable

				5. Certificate	of Status Desired		5.00 Additional e Required
	6. Name and Address of Current]	-				
GREENE, RONALD L 4917 ALLEN ROAD ZEPHYRHILLS, FL FL			DO NOT WRITE IN THIS SPACE				
8. The above	named entity submits this statement fo	the purpose of changing its registere	ed office or registered	d agent, or both	n, in the State of F	lorida. I am fam	niliar with, and accept
	ions of registered agent.	, , , , , , ,	J	•			•
CICALATURE							
SIGNATURE							
	E NOWIII FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.1 liability company did not rec			U00000 08/11/08)957554 -80005-01	1 138.75
9.	MANAGING MEMBE	RS/MANAGERS	<u> </u>				
TITLE	MGR			•			4 - 1
NAME	GREENE, RONALD L 4917 ALLEN RD						
STREET AOORESS CITY-ST-ZIP	ZEPHYRHILLS, FL 33541						
TITLE	MGRM		1				•
NAME	GREENE. HELEN						
STREET ADDRESS	4917 ALLEN RD			•			,
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541				٠,	•	
TITLE							
NAME							
STREET ADDRESS				DO	NOT V	VRITE	
CITY-ST-ZIP			-		·		
TITLE NAME		,	•	IN 7	THIS S	PACE	•
STREET ADDRESS				*			
CITY-ST-ZIP							
TITLE			1				

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 cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

8/6/08

Daytime Phone