2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000003071

1. Entity Name

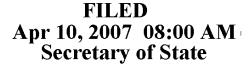
PLC CUSTOM CARPENTRY L.L.C.



Principal Place of Business

Mailing Addres

604 S. RIDGEWOOD AVE ORMOND BEACH, FL 32174 604 S. RIDGEWOOD AVE ORMOND BEACH, FL 32174





01192007 No Chg-LLC

CR2E083 (11/05)

5 Certificate of Status Desired	\$5.0	0 Additional		
75-3178508	 	Not Applicable		
4. FEI Number		Applied For		

6. Name and Address of Current Registered Agent

CECCHINI, PHILIP L 604 S. RIDGEWOOD AVE ORMOND BEACH, FL 32174

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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	;·		
F	iling Fee is \$50.00 ue by May 1, 2007			·	*	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR CECCHINI, PHILIP L 604 S. RIDGEWOOD AVE ORMOND BEACH, FL 32174	0000 04/18/9	00698229 7-80074	1003 5	io. DD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	/RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SI	PACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby of indicated	ertify that the information supplied with this filing does not o on this report is true and accurate and that my signature sha	ualify for the exemptions contained in Chapter 119, Florida Statutes all have the same legal effect as if made under oath; that I am a ma	. I further certif	v that the i	nformation ager of the	