


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90008 005 \*\*\*\*50.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L05000004278</b><br>1. Entity Name<br><b>KOZZ FRAMING, LLC</b>   |  |  |   |    |  |
| Principal Place of Business<br>2347 SW JUNCTION RD.<br>FT. WHITE, FL 32038 US  |  |  | Mailing Address<br>2347 SW JUNCTION RD.<br>FT. WHITE, FL 32038 US |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip -  |  | Country -  |   | Zip -   |  |
|  |  |  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KOZIMOR, MICHAEL J</b><br><b>2347 SW JUNCTION RD.</b><br><b>FT. WHITE, FL 32038</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br><b>KOZIMOR, MICHAEL J</b><br><b>2347 SW JUNCTION RD.</b><br><b>FT. WHITE, FL 32038</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
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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. |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>Michael J Kozmor</i>  |  |  | <b>4-21-06</b>  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  |   |   |  |

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04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number **202180699** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required