2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 20, 2006 8:00 am
Secretary of State
05-08-2006 90038 035 ****50.00

DOCUMENT # L05000006514

1. Entity Name
AL MCNICHOLS CARPENTRY, LLC

Principal Place of Business	Mailing Address
3000 SAVAGE ROAD SARASOTA FL 34231	3000 SAVAGE ROAD SARASOTA FL 34231

3001000

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
3000 Savage Rd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL.	City & State: Same
Zip: 34231 / Country: Sarasota	Zip: Same / Country: Same

4. FEI Number: 283-34-6155 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCNICHOLS, ALBERT L
3000 SAVAGE ROAD
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Al McNichols 4-27-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Al McNichols 3000 Savage Rd. Sarasota, FL. 34231 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Al McNichols 4-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #