

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009884

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: JOEL CRAVEY CUSTOM CARPENTRY, LLC

## Current Principal Place of Business:

3815 HIDEAWAY RD  
PLYMOUTH, FL 32768 US

## New Principal Place of Business:

3815 HIDEAWAY RD  
APOPKA, FL 32712 US

## Current Mailing Address:

P.O. BOX 245  
PLYMOUTH, FL 32768 US

## New Mailing Address:

FEI Number: 20-2259403      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAVEY, JOEL  
3815 HIDEAWAY RD  
PLYMOUTH, FL 32768 US

## Name and Address of New Registered Agent:

CRAVEY, JOEL  
3815 HIDEAWAY RD  
APOPKA, FL 32712 US

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.

SIGNATURE:

04/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CRAVEY, JOEL  
Address: 3815 HIDEAWAY RD  
City-St-Zip: PLYMOUTH, FL 32768 US

Title: MGRM ( ) Delete  
Name: CRAVEY, LISA  
Address: 3815 HIDEAWAY RD  
City-St-Zip: PLYMOUTH, FL 32768 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CRAVEY, JOEL  
Address: 3815 HIDEAWAY RD  
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM (X) Change ( ) Addition  
Name: CRAVEY, LISA  
Address: 3815 HIDEAWAY RD  
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL CRAVEY

MGRM

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date