

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-19-2007 90461 006 ****50.00

DOCUMENT # L05000011314

1. Entity Name
JIM PARKER CUSTOM CARPENTRY, L.L.C.



Principal Place of Business
**3201 S.W. DUNKLIN AVENUE
OKEECHOBEE, FL 34974**

Mailing Address
**3201 S.W. DUNKLIN AVENUE
OKEECHOBEE, FL 34974
P.O. Box 417
Palm City FL 34991**

DO NOT WRITE IN THIS SPACE

03082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, JAMES R
3201 S.W. DUNKLIN AVENUE
OKEECHOBEE, FL 34974**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement of the obligations of registered agent.

...ared office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PARKER, JAMES R
3201 S.W. DUNKLIN AVENUE
OKEECHOBEE, FL 34974**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

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.

SIGNATURE:

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

3/8/07

Date

772-597-4775

Daytime Phone #