

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011570

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** ROBERT DEMICHELE CARPENTRY, LLC.

**Current Principal Place of Business:**

641 GAP CREEK DRIVE  
FT WALTON BEACH, FL 32548

**New Principal Place of Business:**

62 LINCOLN DR  
FT WALTON BEACH, FL 32547

**Current Mailing Address:**

641 GAP CREEK DRIVE  
FT WALTON BEACH, FL 32548

**New Mailing Address:**

62 LINCOLN DR  
FT WALTON BEACH, FL 32547

FEI Number: 02-3565951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DEMICHELE, ROBERT D  
641 GAP CREEK DRIVE  
FT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

DEMICHELE, ROBERT D  
62 LINCOLN DR  
FT WALTON BEACH, FL 32547 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/09/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DEMICHELE, ROBERT D  
Address: 62 LINCOLN DR  
City-St-Zip: FT WALTON BEACH, FL 32547

I hereby 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: ROBERT DEMICHELE

MGRM

04/09/2012

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