

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90168 031 ****55.00

DOCUMENT # L05000011782

1. Entity Name

ASHLEY'S CUSTOM SAWING L.L.C.



Principal Place of Business

5252 JOHNS LANE
MARIANNA FL 32448

Mailing Address

5252 JOHNS LANE
MARIANNA FL 32448



2. Principal Place of Business

5252 Johns Lane
Suite, Apt. #, etc.

3. Mailing Address

5252 Johns Lane
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Marianna, FL
Zip 32448 Country USA

City & State

Marianna, FL
Zip 32448 Country USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANGER, ASHLEY
5252 JOHNS LANE
MARIANNA FL 32448

7. Name and Address of New Registered Agent

Name Georgia Granger

Street Address (P.O. Box Number is Not Acceptable)

5252 Johns Lane

City Marianna

FL

Zip Code 32448

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

Ashley Granger

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

(NOTE: Registered Agent signature required when reappointing)

1-23-06

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME GRANGER, ASHLEY
STREET ADDRESS 5252 JOHNS LANE
CITY - ST - ZIP MARIANNA FL 32448

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Georgia Granger
STREET ADDRESS 5252 Johns Lane
CITY - ST - ZIP Marianna, FL 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Ashley Granger

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

1/23/06 850-482-0300

Date

Daytime Phone #