

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019863

Entity Name: KJ FRAMING, L.L.C.

FILED
Sep 04, 2007
Secretary of State

Current Principal Place of Business:

2324 AVE C SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

2324 AVE C SW
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-2473892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NICHOLS, KIMBERLIE L
2324 AVE C SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NICHOLS, KIMBERLIE L
Address: 2324 AVE C SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR () Delete
Name: FLOYD, JOHN W
Address: 2324 AVE C SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM () Delete
Name: FLOYD, JOHN H
Address: 4325 FOXTOWN N
City-St-Zip: POLK CITY, FL 38868

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIMBERLIE L NICHOLS

MGR

09/04/2007

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