## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90038 033 \*\*\*\*55.00 DOCUMENT # L05000023547 PAULK WOODWORKING, LLC 40070496 Principal Place of Business Mailing Address 5652 MUNSON HIGHWAY 5652 MUNSON HIGHWAY MILTON, FL 32570 US MILTON, FL 32570 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 68-0620801 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAULK, RANDALL D Street Address (P.O. Box Number is Not Acceptable) 5652 MUNSON HIGHWAY MILTON, FL 32570 Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE MGRM ☐ Detete XX Change ☐ Addition NAME PAULK, RANDALL STREET ADDRESS 5652 MUNSON HWY STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS CITY-ST-ZIP

Randall Paulk ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZiP

850-626-6236

**FILED**