


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90054 026 ***138.75

DOCUMENT # L05000053902		
1. Entity Name JOHN SIMS FRAMING LLC.		
Principal Place of Business 6285 SUNSET BLVD. ST. AUGUSTINE, FL 32095 US		Mailing Address 6285 SUNSET BLVD. ST. AUGUSTINE, FL 32095 US

60046031



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3376 Fourth St.		07282008 Chg-LLC CR2E083 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State EIKton, FL		4. FEI Number 20-2926918
Zip		Zip 32033		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMS, JOHN B 6285 SUNSET BLVD. ST. AUGUSTINE, FL 32095		Name Street Address (P.O. Box Number is Not Acceptable) 3376 Fourth St. City EIKton, FL Zip Code 32033	

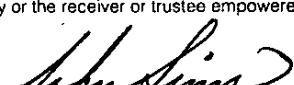
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMS, JOHN B 6285 SUNSET BLVD. ST. AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3376 Fourth St. EIKton, FL 32033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **7-31-08** **904 814-6586**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #