2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000059281

1. Entity Name

JAVIER'S FRAMING, DECKING & DRYWALL LLC



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1613 CLARCONA-OCOEE ROAD OCOEE, FL 34761

1613 CLARCONA-OCOEE ROAD OCOEE, FL 34761

इसे जेरे मध्ये गर्भन है है।



02282007 No Chg-LLC

CR2E083 (11/05)

| J. | FEI Number |
|----|------------|
| | 20-2877176 |

Applied For Not Applicable

5. Certilicate of Status Desired

\$5.00 Additional Fee Required

- 6.-Name and Address of Current Registered Agent

DESANTIAGO, JAVIER 1613 CLARCONA-OCOEE ROAD OCOEE, FL 34761

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

| | | William William State | SPACE |
|--|---|--|---|
| 8. The above the obliga | e named entity submits this statement for the purpose of changing its tions of registered agent. | registered office or registered agent, or both, in the S | tate of Florida. I am familiar with, and accept |
| 'SIGNATURE. | | E: Registered Agent sonature required when reinstating) | DATE |
| F D | iling Fee is \$50.00 ue by May 1, 2007 | h | · |
| 9. | MANAGING MEMBERS/MANAGERS | | 到1967年,为他就使用原产的一个影响和自身 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DESANTIAGO, JAVIER 1613 CLARCONA-OCOEE RD OCOEE, FL 34761 | 14.5 U0C | 0000709744 707-80017-005 50-80 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NO | r write |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS | SPACE |
| TITLE NAME STREET ADDRESS. CITY-ST-ZIP | Above garano bia gara popula | | |
| TITLE (1973) NAME | \$4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |

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: SIGNATURE OF SIGNING MADITION OF DEPTH PROPERTY OF AUTHORIZED REPRESENTATION OF AUTHORIZED R

H11/200

321-202-4395

Daytime Phone