

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000068300

1. Entity Name
BOB MILLAN/ CARPENTRY LLC



Principal Place of Business

**6264 PALM VISTA STREET
PORT ORANGE, FL 32128**

Mailing Address

**6264 PALM VISTA STREET
PORT ORANGE, FL 32128**

DO NOT WRITE IN THIS SPACE



01062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3126930

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

**MILLAN, ROBERT
6264 PALM VISTA STREET
PORT ORANGE, FL 32128**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75.**

U00000920528
05/14/08-80047-015 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLAN, ROBERT 6264 PALM VISTA STREET PORT ORANGE, FL 32128
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IN THIS SPACE**

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: **ROBERT MILLAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-08

Date

386.304.1228

Daytime Phone #