

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000078131

1. Entity Name
SALAZAR CARPENTRY L.L.C.



FILED

06 AUG 24 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~P.O. BOX 21~~
GREENSBORO, FL 32330

Mailing Address
~~P.O. BOX 21~~
GREENSBORO, FL 32330



Principal Place of Business
1150 GLADE ROAD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 614
Suite, Apt. #, etc.

City & State
Havana FL 32333
Zip Country

City & State
Havana FL
Zip Country

08242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
30-0333309

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, JOSE ALEX
33 CHURCH STREET #39
GRETN, FL 32332

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1150 GLADE ROAD

City
HAVANA

FL Zip Code
32333

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

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS SALAZAR, JOSE ALEX
CITY-ST-ZIP P.O. BOX 21 GREENSBORO, FL 32330 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME Salazar, Jose Alex ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 614
CITY-ST-ZIP Havana FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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.

SIGNATURE: Jose A. Salazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-24-06

Date

Daytime Phone #