

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000078131

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



Principal Place of Business
1150 GLADE ROAD
HAVANA, FL 32333

Mailing Address
P.O. BOX 614
HAVANA, FL 32333

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
8004 Silver Lakeet.

Suite, Apt. #, etc.
Same

City & State
Talla. FL.
Zip
32310

City & State

Zip

Country

04282008 Chg-LLC CR2E083 (12/06)

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
1150 GLADE ROAD
HAVANA, FL 32333

7. Name and Address of New Registered Agent

Name

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

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file 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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SALAZAR, JOSE ALEX
P.O. BOX 614
HAVANA, FL 32333 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition
500126274315
04/28/08--01005--015 **138.75

TITLE
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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

4-28-08
Date Daytime Phone #

FILED
08 APR 28 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

