2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State
04-04-2007 90039 023 ****50.00

DOCUMENT # L05000088989

1. Entity Name

DUSTIN BASS FRAMING, LLC

Principal Place of Business	Mailing Address
289 SW MARGARITA GLEN LAKE CITY FL 32025	289 SW MARGARITA GLEN LAKE CITY FL 32025

30000...

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
289 SW MARGARITA Gln	Same
Suite, Apt. #, etc. LAkeCity Fla	Suite, Apt. #, etc.
City & State	City & State
Zip 32025 Country Columbia	Zip Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-3473674 ~~APPLIED FOR~~ | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

BASS, MARY
289 SW MARGARITA GLEN
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name Mary BASS
Street Address (P.O. Box Number is Not Acceptable) 289 Sw Margarita Gln
Lake City Fla 32025
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] 3-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BASS, DUSTIN 289 SW MARGARITA GLEN LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BASS, MARY 289 SW MARGARITA GLEN LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] Mary BASS 3-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #