2007 LIMITED LIABILIA (COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # L05000089965 1. Entity Name 04-13-2007 90035 049 ****50.00 NICK'S CUSTOM WOODWORKING, LLC Principal Place of Business Mailing Address 5611 DAIRY BARN LANE 5611 DAIRY BARN LANE **GRACEVILLE FL 32440 GRACEVILLE FL 32440** 2. Principal Place of Business - No P.O. Box lina Addro WEBBER KN *42,* 2 1st MOORE CR2E083 (10/06) City & State 4. FEI Number Applied For 20-4775918 OU N Not Applicable €ountry 7io Country \$5.00 Additional 5. Certificate of Status Desired BA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIOIELLO, JOHN L ESQ Stroot Address (P.O. Box Number is Not Acceptable) 404 JENKS AVENUE PANAMA CITY FL 32401 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES THE **MGRM** ☐ Defete TITLE ☐ Addition NAMI CICIN, NIKOLA NAME STREET ADDRESS STREET ADDRESS 5611 DAIRY BARN LANE CHY-SI-ZIE CHY ST 7P GRACEVILLE FL 32440 ☐ Detete шш MGRM ☐ Change Addition NAME VERSLAIS-CLEIN, STACY STREET ADDRESS STREET ADDRESS 5611 DAIRY BARN LANE CHY-ST-ZIP GRACEVILLE FL 32440 CHY ST ZIP HILL Deiele-HILL Change Addition NAME STREET ADDRESS STRILET ADDRESS CHY-SI-7P CHY S1-7IP TITLE Delete ma ☐ Change ☐ Addition NAMI NAME STREET ADORESS STREET ADDRESS CITY S1-7IP CITY ST 7IP TITLE. ☐ Delete HIII Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CHY-ST-7/P HHIE шв ☐ Defele Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 logal offect 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE