2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 24, 2007 8:00 am
Secretary of State

07-24-2007 90011 010 ****50.00

DOCUMENT # L05000090410

1. Entity Name
CLIFF COPPEN WOODWORKING, LLC

Principal Place of Business	Mailing Address
42 CHESHIRE STREET PORT CHARLOTTE FL 33953-1363	42 CHESHIRE STREET PORT CHARLOTTE FL 33953-1363

b6U41J07

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/07)

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COPPEN, CLIFFORD J
42 CHESHIRE STREET
PORT CHARLOTTE FL 33953-1363

Temp NTC 1Mr

7. Name and Address of New Registered Agent

CLIFF COPPEN
WOODWORKING LLC
13197 Doral Ave
Port Charlotte FL
33951

8. The above named entity submits this statement for the purpose of changing its registered off... ...nd accept the obligations of registered agent.

SIGNATURE ____________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent...

FILE NOW!!! FEE...
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COPPEN, CLIFFORD J		NAME		
STREET ADDRESS	42 CHESHIRE STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33953-1363		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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 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: ____________ 7-17-07 978 969 1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #