

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90113 024 \*\*\*\*50.00

DOCUMENT # L05000092394

1. Entity Name

CLS FRAMING LLC



Principal Place of Business

6304 COUNT FLEET TRL  
TALLAHASSEE FL 32309

Mailing Address

6304 COUNT FLEET TRL  
TALLAHASSEE FL 32309



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

6304 Count Fleet Trl  
Suite, Apt. #, etc.

3. Mailing Address

6304 Count Fleet Trl  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

54-3146401

Applied For

Not Applicable

Zip

32309

Country

USA

Zip

32309

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHULER, CASEY  
6304 COUNT FLEET TRL  
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

Casey Shuler

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

6304 Count Fleet Trl

City

Tallahassee

FL

Zip Code

32309

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

*Casey Shuler* Casey Shuler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/07

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SHULER, CASEY  
STREET ADDRESS 6304 COUNT FLEET TRL  
CITY - ST - ZIP TALLAHASSEE FL 32309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Casey Shuler* Casey Shuler

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

Date

Daytime Phone #

1/30/07 850-443-5295