

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000112761

1. Entity Name
DON TIPTON'S FRAMING AND REMODELING, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 AM 8:50

Principal Place of Business
10492 N.W. CAIN ROAD
CLARKSVILLE, FL 32430

Mailing Address
10492 N.W. CAIN ROAD
CLARKSVILLE, FL 32430



02032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-3738193

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIPTON, DON
10492 N.W. CAIN ROAD
CLARKSVILLE, FL 32430

**DO NOT WRITE
IN THIS SPACE**

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 title 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

100128785171
05/07/08--01046--005 **138.74

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TIPTON, DON
STREET ADDRESS 10492 N.W. CAIN ROAD
CITY-ST-ZIP CLARKSVILLE, FL 32430

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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: _____

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

4-2-08 5730886

Date

Daytime Phone #