

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90138 019 ***138.75

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01152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000001071 1. Entity Name A+ CARPENTERS LLC					
Principal Place of Business 3290 TRAVERSE AVE NORTH PORT, FL 34286 US			Mailing Address 3290 TRAVERSE AVE NORTH PORT, FL 34286 US		
2. Principal Place of Business - No P.O. Box # 3343 La Goy St. Suite, Apt. #, etc.		3. Mailing Address 3343 La Goy St. Suite, Apt. #, etc.			
City & State North Port, Florida Zip 34291 Country USA		City & State North Port, Florida Zip 34291 Country USA		4. FEI Number 20-4042640	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHPAK, ANATOLI 3290 TRAVESE AVE NORTH PORT, FL 34286			7. Name and Address of New Registered Agent Name Shpak, Anatoliy Street Address (P.O. Box Number is Not Acceptable) 3343 La Goy St. City North Port FL Zip Code 34291		
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 <u><i>Anatoliy Shpak</i></u> DATE <u><i>01-30-08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHPAK, ALEXANDER 3290 TRAVERSE AVE NORTH PORT, FL 34286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHPAK, ANATOLIY 3290 TRAVERSE AVE NORTH PORT, FL 34286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	3343 La Goy St. North Port, FL 34291 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Anatoliy Shpak</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><i>1-30-08</i></u> Daytime Phone # <u><i>(441) 587-9370</i></u>		