

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023770

FILED
Mar 02, 2008
Secretary of State

Entity Name: MONTICELLO MILLWORKS, LLC

Current Principal Place of Business:

233 COX RD.
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

233 COX RD.
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 20-4467367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOVER, DANIEL R
233 COX RD.
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOOVER, DANIEL R
Address: 233 COX RD.
City-St-Zip: MONTICELLO, FL 32344

Title: MGR () Delete
Name: HOOVER, EMORY G III
Address: 2096 PLANTATION FOREST DR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOOVER, DANIEL R
Address: 233 COX RD.
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM (X) Change () Addition
Name: HOOVER, EMORY G III
Address: 2096 PLANTATION FOREST DR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR () Change (X) Addition
Name: COSTON, DANIEL J
Address: 2112 PLANTATION FOREST DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL R. HOOVER

MGRM

03/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date