2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

04-24-2007 90115 045 ****50.00

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04202007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000025362

1. Entity Name
DOUBLE BRANCH LUMBER COMPANY, LLC

Principal Place of Business	Mailing Address
9500 - 135TH STREET NORTH SEMINOLE, FL 33776	9500 - 135TH STREET NORTH SEMINOLE, FL 33776

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12941 Memorial Highway	12941 Memorial Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33635 Country: Hillsborough	Zip: 33635 Country: Hillsborough

4. FEI Number: 20-4488286 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL F
9500 - 135TH STREET NORTH
SEMINOLE, FL 33776

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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] Michael F. Williams 4/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM - Managing Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Michael F Williams	NAME	
STREET ADDRESS	9500 135th Street N	STREET ADDRESS	
CITY-ST-ZIP	Seminole, FL 33776	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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CITY-ST-ZIP		CITY-ST-ZIP	
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: [signature] MANAGER 4/20/07 813-891-4910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #