


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90016 006 ****55.00

DOCUMENT # L06000032254		
1. Entity Name R & O FINISH CARPENTRY, LLC		

Principal Place of Business 412 JUNIPER LANE FREEPORT, FL 32439	Mailing Address POST OFFICE BOX 1105 FREEPORT, FL 32439
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2. Principal Place of Business - No P.O. Box # 711 Highway 20 Suite, Apt. #, etc.	3. Mailing Address 711 Highway 20 Suite, Apt. #, etc.
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City & State FREEPORT FL.	City & State FREEPORT FL.
Zip 32439	Country WALTON

0000JJ00



08202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 77-0657881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent OWENS, GARY 412 JUNIPER LANE FREEPORT, FL 32439		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANSFORD, SHANNON N POST OFFICE BOX 1105 FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANSFORD, SHANNON N. 711 Highway 20 FREEPORT FL. 32439 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWENS, GARY POST OFFICE BOX 1105 FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWENS, GARY 711 Highway 20 FREEPORT FL. 32439 <input checked="" 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
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

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

8/20/07 (850) 401-4493
Daytime Phone #