

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000037371**

1. Entity Name

**RANDY BALDWIN CUSTOM WOODWORKING LLC**



Principal Place of Business

Mailing Address

**2995 FRANK ARD RD  
CANTONMENT FL 32533**

**2995 FRANK ARD RD  
CANTONMENT FL 32533**



2. Principal Place of Business - No P.O. Box #

**2995 FRANK ARD RD.**

3. Mailing Address

**2995 FRANK ARD RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

**CANTONMENT FL**

City & State

**CANTONMENT FL**

Zip

**32533**

Country

**USA**

Zip

**32533**

Country

**USA**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALDWIN, RANDY  
2995 FRANK ARD RD  
CANTONMENT FL 32533**

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

*Randy Baldwin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8-25-07**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRES  
BALDWIN, RANDY  
2995 FRANK ARD RD  
CANTONMENT FL 32533**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**U000000773032  
08/30/07-80002-010 55.00**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SECT  
BALDWIN, CAROL  
2995 FRANK ARD RD  
CANTONMENT FL 32533**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Randy Baldwin*

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

**8-25-07 850-587-4070**

Date

Daytime Phone #