

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046653

FILED
Mar 22, 2007
Secretary of State

Entity Name: CECILE MILLER FRAMING, LLC

Current Principal Place of Business:

2250 N.W. 42ND STREET
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3598
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 20-4821059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARNOLD, KELI D
2250 N.W. 42ND STREET
OCALA, FL 34475 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: MGRM () Delete
Name: KELI D. ARNOLD REVOC, ABLE TRUST
Address: 3825 S.W. ANTHONY ROAD
City-St-Zip: OCALA, FL 34475 US

Title: MGRM () Delete
Name: PAUL M. ARNOLD REVOC, ABLE TRUST
Address: 3825 S.W. ANTHONY ROAD
City-St-Zip: OCALA, FL 34475 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KELI D. ARNOLD

MGR

03/22/2007

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