

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

04-30-2007 90039 048 ****50.00

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30009708



DOCUMENT # L06000057828 1. Entity Name K.A.B. PRECISION CARPENTRY, LLC					
Principal Place of Business 567 VILLA GRANDE AVENUE SOUTH ST. PETERSBURG, FL 33705			Mailing Address 567 VILLA GRANDE AVENUE SOUTH ST. PETERSBURG, FL 33705		
2. Principal Place of Business - No P.O. Box # 567 Villa Grande Ave S.			3. Mailing Address 567 Villa Grande Ave. So.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State ST. PETERS FLA.		City & State ST. PETERS FLA.		4. FEI Number 30009708-4998075	
Zip 33705		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHARRIE, ROBERT E. 5503 38TH AVENUE N. ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERG, KENNETH A		NAME		
STREET ADDRESS	567 VILLA GRANDE AVENUE SOUTH		STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG, FL 33705		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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.

NATURE:

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

Date

Daytime Phone #



ATTACHMENT
30009708

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2007

K.A.B. PRECISION CARPENTRY, LLC
567 VILLA GRANDE AVENUE SOUTH
ST. PETERSBURG, FL 33705

Subject: K.A.B. PRECISION CARPENTRY, LLC

Reference Number: L06000057828

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION

FEI NUMBER you were
looking for 20-4998075

P.O. BOX 6478 - Tallahassee, Florida 32314