


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

05-17-2007 90175015\*\*\*\*50.00  
L06000078140

<b>DOCUMENT # L06000078140</b>		
1. Entity Name <b>A CARPENTER PLUS, LLC</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUN -5 PM 3:36



Principal Place of Business <b>8834 NW 48TH ST SUNRISE FL 33351</b>	Mailing Address <b>8834 NW 48TH ST SUNRISE FL 33351</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>20-5334659</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GENTILCORE, TODD 8834 NW 48TH ST SUNRISE FL 33351</b>	
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 *Todd Gentilcore* (NOTE: Registered Agent's signature required when reinstating) 4/30/07 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	MGR GENTILCORE, TODD 8834 NW 48TH ST SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input 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

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: *Todd Gentilcore* 4/30/07 754-234-4600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone