

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90017 048 ***138.75

DOCUMENT # L06000091249

1. Entity Name

CARPENTRY BY DESIGN LLC



Principal Place of Business

5327 BERTHE NELSON RD
PANAMA CITY FL 32404

Mailing Address

5327 BERTHE NELSON RD
PANAMA CITY FL 32404



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

12742 french lane dr
Suite, Apt. #, etc.

3. Mailing Address

12742 french lane dr
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

fountain fl
Zip 32438

Country

City & State

fountain fl
Zip 32438

Country

4. FEI Number

65-1291164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUACKENBUSH, BOBBIE JOE L
5327 BERTHE NELSON RD
PANAMA CITY FL 32404

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MRGM
NAME BOBBIE JO, QUACKENBUSH L
STREET ADDRESS 5327 BERTHA NELSON RD
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MRGM
NAME Bobbie Jo, Quackenbush L
STREET ADDRESS 12742 french lane dr
CITY-ST-ZIP fountain fl. 32438 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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

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

Date

Original Price

4-11-08

850-625-4153