

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103884

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: CUSTOM WOODWORX LLC

**Current Principal Place of Business:**

1901 24TH ST CIR W  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

1901 24TH ST CIR W  
PALMETTO, FL 34221

**New Mailing Address:**

FEI Number: 20-5818276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ODEM, JAY R  
1909 24TH ST CIR W  
PALMETTO,, FL 34221 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: MGR ( ) Delete  
Name: ODEM, JASON R  
Address: 1909 24TH ST CIR W  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Delete  
Name: FLINT, SHERYL A  
Address: 1909 24TH ST CIR W  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Delete  
Name: SMITH, LASHAWN J  
Address: 803 2ND AVENUE EAST #303  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Delete  
Name: YOST, JON K  
Address: 3609 GLENRIDGE LN  
City-St-Zip: SARASOTA,, FL 34233 US

Title: MGRM ( ) Delete  
Name: BROWN, ALAN M  
Address: 1909 24TH ST CIR W  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Delete  
Name: FLINT, STEPHANIE L  
Address: 3609 GLENRIDGE LN  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, LASHAWN J  
Address: 4125 CHISOLM DR  
City-St-Zip: SARASOTA, FL 34235

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

Title: MGRM (X) Change ( ) Addition  
Name: TURNER, MICHAEL D  
Address: PO BOX 48205  
City-St-Zip: SARASOTA, FL 34230

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

I hereby certify that the information supplied with this filing does not qualify 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: JASON ODEM

PRES

04/16/2008

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