


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90375 018 ****50.00

DOCUMENT # L06000113133 1. Entity Name CHRONIC CARPENTRY L.L.C.					
Principal Place of Business 5524 LEHIGH AVE. ORLANDO, FL 32807 US			Mailing Address 5524 LEHIGH AVE. ORLANDO, FL 32807 US		
2. Principal Place of Business - No P.O. Box # 5524 Lehigh Ave		3. Mailing Address 5524 Lehigh Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 20-8949092	
Zip 32807		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, CHRISTOPHER J 5524 LEHIGH AVE. ORLANDO, FL 32807			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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM MORRIS, CHRISTOPHER J 5524 LEHIGH AVE. ORLANDO, FL 32807	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM JOHNSON, TIMOTHY 5524 LEHIGH AVE. ORLANDO, FL 32807	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
11. 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			5/4/07 904-687-9274 <small>Date Daytime Phone #</small>		

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