

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027818

FILED
Mar 31, 2009
Secretary of State

Entity Name: M&S FINISH CARPENTRY LLC

Current Principal Place of Business:

709 ELISE LN
DESTIN, FL 32541

New Principal Place of Business:

680 NAVY STREET
FT WALTON BEACH, FL 32547

Current Mailing Address:

709 ELISE LN
DESTIN, FL 32541

New Mailing Address:

680 NAVY STREET
FT WALTON BEACH, FL 32547

FEI Number: 20-8687330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA SILVA, SIDNEY
709 ELISE LN
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

DA SILVA, SIDNEY
680 NAVY STREET
FT WALTON BEACH, FL 32547 US

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: SIDNEY DA SILVA

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DA SILVA, SIDNEY
Address: 709 ELISE LN
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: FIGUEROA, MAURICIO
Address: 709 ELISE LN
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DA SILVA, SIDNEY
Address: 680 NAVY STREET
City-St-Zip: FT WALTON BEACH, FL 32547

Title: MGR (X) Change () Addition
Name: FIGUEROA, MAURICIO
Address: 680 NAVY STREET
City-St-Zip: FT WALTON BEACH, FL 32547

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: SIDNEY DA SILVA

MGR

03/31/2009

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