

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 26, 2008 8:00 am**  
**Secretary of State**

08-26-2008 90015 001 \*\*\*138.75

<b>DOCUMENT # L07000056576</b>					
<b>1. Entity Name</b> CLEAN CUT FRAMING L.L.C.					
<b>Principal Place of Business</b> 1304 BUENA VISTA BLVD PANAMA CITY, FL 32401			<b>Mailing Address</b> 1304 BUENA VISTA BLVD PANAMA CITY, FL 32401		
<b>2. Principal Place of Business - No P.O. Box #</b> 9740 Steelfield Rd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 9740 Steelfield Rd Suite, Apt. #, etc.			
<b>City &amp; State</b> Panama City Beach Fla Zip 32413 Country Bay		<b>City &amp; State</b> Panama City Beach Fla Zip 32413 Country Bay		<b>4. FEI Number</b> 33-1166789	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> STOVALL, CHARLES R 1304 BUENA VISTA BLVD PANAMA CITY, FL 32401			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE: <u>Robney Stovall</u> DATE: <u>8-15-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOVA, CHARLES R 1304 BUENA VISTA BLVD PANAMA CITY, FL 32401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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	
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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	
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Robney Stovall</u>			Date: <u>8-15-08</u> Daytime Phone #: <u>850 819 1507</u>		