

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074011

FILED  
Sep 10, 2009  
Secretary of State

**Entity Name:** AUTUMN LEAF FINE WOODWORKING & RESTORATION, LLC

**Current Principal Place of Business:**

846 LAKE AMICK DR  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

418 FIR ST.  
NICEVILLE, FL 32578 US

**Current Mailing Address:**

846 LAKE AMICK DR  
NICEVILLE, FL 32578 US

**New Mailing Address:**

418 FIR ST.  
NICEVILLE, FL 32578 US

**FEI Number:** 26-0582442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WALKER, STEVEN B  
846 LAKE AMICK DR  
NICEVILLE, FL 32578 US

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

WALKER, STEVEN B  
418 FIR ST.  
NICEVILLE, FL 32578 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:

09/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALKER, STEVEN B  
Address: 846 LAKE AMICK DR  
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM ( ) Delete  
Name: WALKER, DANIELLE E  
Address: 846 LAKE AMICK DR  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WALKER, STEVEN B  
Address: 418 FIR ST.  
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM (X) Change ( ) Addition  
Name: WALKER, DANIELLE E  
Address: 418 FIR ST.  
City-St-Zip: NICEVILLE, FL 32578

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: STEVEN B WALKER

MGR

09/10/2009

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