2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90078 044 ***138.75

DOCUMENT # L07000087708

1. Entity Name
CASEY'S CARPENTRY LLC

Principal Place of Business	Mailing Address
3544 ST JOHNS BLUFF RD S APT 811 JACKSONVILLE FL 32224 US	3544 ST JOHNS BLUFF RD S APT 811 JACKSONVILLE FL 32224 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3618 Thunder Road	3618 Thunder Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Green Cove Springs, FL	City & State: Green Cove Springs, FL
Zip: 32043 Country: USA	Zip: 32043 Country: USA

4. FEI Number: 26-0803616 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CASEY, SEAN
3544 ST JOHNS BLUFF RD S
APT 811
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name: Sean Casey
Street Address (P.O. Box Number is Not Acceptable): 3618 Thunder Rd
City: Green Cove Springs FL Zip Code: 32043

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	CASEY, SEAN	
STREET ADDRESS	3544 ST JOHNS BLUFF RD S APT 811	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	MGRM	☐ Delete
NAME	CASEY, MELISSA	
STREET ADDRESS	3544 ST JOHNS BLUFF RD S APT 811	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	☑ Change ☐ Addition
NAME	Sean Casey	
STREET ADDRESS	3618 Thunder Rd	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	MGRM	☑ Change ☐ Addition
NAME	Melissa Casey	
STREET ADDRESS	3618 Thunder Rd	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Melissa Casey 2/20/08 (904)497-3921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #