# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Sep 03, 2009**
**Secretary of State**

DOCUMENT# L07000091936

**Entity Name:** MICHAEL'S FRAMING, LLC

**Current Principal Place of Business:**

513 CULLARO LN
LUTZ, FL 33549 US

**New Principal Place of Business:**

36919 THORNHAVEN LANE
DADE CITY, FL 33523 US

**Current Mailing Address:**

36919 THORN HAVEN LANE
DADE CITY, FL 33523

**New Mailing Address:**

**FEI Number: 59-3168386** **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:**

MCRAE, MICHAEL D
36919 THORN HAVEN LANE
DADE CITY, FL 33523 US

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

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: _____
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: MCRAE, MICHAEL D
Address: 513 CULLARO LN
City-St-Zip: LUTZ, FL 33549 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL D MCRAE OWNE 09/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date