

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107941

FILED
Jan 05, 2009
Secretary of State

Entity Name: SOUTHERN STYLE FRAMING, LLC

Current Principal Place of Business:

301 SETTER'S RIDGE DRIVE
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

301 SETTER'S RIDGE DRIVE
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 26-1628703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVENUE
PORT ST. JOE, FL 32456 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: TODD, PAUL
Address: 301 SETTER'S RIDGE DRIVE
City-St-Zip: WEWAHITCHKA, FL 32465

Title: MGRM (X) Delete
Name: CHANCEY, MICHAEL
Address: 7115 BASS STREET
City-St-Zip: WEWAHITCHKA, FL 32465

Title: MGRM () Delete
Name: CHANCEY, RANDY
Address: 370 S. DUCK STREET
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES:

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

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

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: PAUL TODD

OWNE

01/05/2009

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