

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018614

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** BUDDY STRECHAN CARPENTRY LLC

**Current Principal Place of Business:**

213 EAST MAIN STREET  
DUNDEE, FL 33838

**New Principal Place of Business:**

**Current Mailing Address:**

213 EAST MAIN STREET  
DUNDEE, FL 33838

**New Mailing Address:**

**FEI Number:** 26-2005741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOMES, ELDORADO  
213 EAST MAIN STREET  
DUNDEE, FL 33838 US

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

STRACHAN, HAROLD MGRM  
213 EAST MAIN STREET  
DUNDEE, FL 33838 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:** HAROLD STRACHAN

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** STRACHAN, BUDDY  
**Address:** 261 18TH STREET  
**City-St-Zip:** WINTER HAVEN, FL 33881

**Title:** MGRM ( ) Delete  
**Name:** KIRKLAND, SARA  
**Address:** P.O. BOX 548  
**City-St-Zip:** DUNDEE, FL 33838

**ADDITIONS/CHANGES:**

**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:** HAROLD STRACHAN

MGRM

04/13/2009

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