

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000076190

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** A&M CARPENTRY AND RESTORATION "LLC"

**Current Principal Place of Business:**

613 11TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

613 11TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 61-1603000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAURER, JASON D  
613 11TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250 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: COO  
Name: OWENS JR, RONALD G COO  
Address: 1316 FRUIT COVE DR N  
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby 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: RONALD G OWENS JR

COO

04/14/2010

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