


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:33

DOCUMENT # L07000032579
1. Entity Name
BUTLER PLASTERING LLC



Principal Place of Business
6013 COUNTRY WALK LANE
WINTER HAVEN, FL 33880

Mailing Address
6013 COUNTRY WALK LANE
WINTER HAVEN, FL 33880



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04262008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BUTLER, ROBERT
6013 COUNTRY WALK LANE
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent
Name: Maria Sheldon
Street Address (P.O. Box Number is Not Acceptable): 6013 Country Walk Lane
City: Winter Haven FL Zip Code: 33880

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: Maria Sheldon DATE: 4-26-08

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

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTLER, ROBERT <input checked="" type="checkbox"/> Delete 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMMER, JONATHAN <input checked="" type="checkbox"/> Delete 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGOSTINO, NINO <input checked="" type="checkbox"/> Delete 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Maria Sheldon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6013 Country Walk Lane Winter Haven, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kyle Sheldon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6013 Country Walk Lane Winter Haven, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Jeremy Kemp <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6013 Country Walk Lane Winter Haven, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300128290543 05/02/08--01003--021 **427.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Maria Sheldon DATE: 4-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #