

FILED
May 24, 2007 8:00 am
Secretary of State

05-01-2007 90316 018 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000104330					
1. Entity Name DRI-COAT WATERPROOFING, L.L.C.					
Principal Place of Business 642 W. BREVARD STREET TALLAHASSEE, FL 32304			Mailing Address 642 W. BREVARD STREET TALLAHASSEE, FL 32304		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-5896206				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, MORGAN Y 642 W. BREVARD STREET TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, MORGAN Y		NAME		
STREET ADDRESS	642 W. BREVARD STREET		STREET ADDRESS		
CITY-STATE-ZIP	TALLAHASSEE, FL 32304		CITY-STATE-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, FRANK W		NAME		
STREET ADDRESS	642 W. BREVARD STREET		STREET ADDRESS		
CITY-STATE-ZIP	TALLAHASSEE, FL 32304		CITY-STATE-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, FRANK W		NAME		
STREET ADDRESS	642 W. BREVARD STREET		STREET ADDRESS		
CITY-STATE-ZIP	TALLAHASSEE, FL 32304		CITY-STATE-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, RALPH		NAME		
STREET ADDRESS	642 W. BREVARD STREET		STREET ADDRESS		
CITY-STATE-ZIP	TALLAHASSEE, FL 32304		CITY-STATE-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TAYOR, CYNTHIA Y		NAME		
STREET ADDRESS	642 W. BREVARD STREET		STREET ADDRESS		
CITY-STATE-ZIP	TALLAHASSEE, FL 32304		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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 company and am authorized to execute this report as required by Chapter 608, Florida Statutes.					

Cynthia Y. Taylor

5/18/07