

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098354

FILED  
Feb 07, 2008  
Secretary of State

Entity Name: HINES DRYWALL FINISHING LLC

**Current Principal Place of Business:**

1031 DOC GAY ROAD  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

1031 DOC GAY ROAD  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 20-5695418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TREVINO, GABRIELA  
2708 QUAIL OAKS DRIVE  
PLANT CITY, FL 33565 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: MGR ( ) Delete  
Name: HINES, DONALD R  
Address: 1031 DOC GAY ROAD  
City-St-Zip: LAKELAND, FL 33803

Title: MGRM ( ) Delete  
Name: TELLEZ, ABRAHAM C  
Address: 2708 QUAIL OAKS DRIVE  
City-St-Zip: PLANT CITY, FL 33565

Title: MGRM ( ) Delete  
Name: GONZALES, JOSE S  
Address: 2708 QUAIL OAKS DRIVE  
City-St-Zip: PLANT CITY, FL 33565

**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: DONALD R HINES

MGR

02/07/2008

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