

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075881

**Entity Name:** ALL CEILING & DRYWALL, LLC

**Current Principal Place of Business:**

379 NW 17 CT  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

379 NW 17 CT  
POMPANO BEACH, FL 33060 US

**FEI Number:** 27-0692248

**Certificate of Status Desired:** No

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

MARTINEZ, ALEX A  
379 NW 17 CT  
POMPANO BEACH, FL 33060 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ESCOBAR, LISANDRO A  
Address 379 NW 17 CT  
City-State-Zip: POMPANO BEACH FL 33060

Title MGR  
Name MARTINEZ, ALEX  
Address 379 NW 17 CT  
City-State-Zip: POMPANO BEACH FL 33060

Title MGR  
Name ESCOBAR, ANNER S  
Address 461 SW 15 ST  
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR  
Name MARTINEZ, ALEX A  
Address 379 NW 17 COURT  
City-State-Zip: POMPANO BEACH FL 33060

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISANDRO ESCOBAR

**MMGR**

**01/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date