

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000032973

**Entity Name:** OLDSTYLE PLASTERING REPAIRS ,LLC

**Current Principal Place of Business:**

8718 CASPER AVE.  
HUDSON, FL 34667

**Current Mailing Address:**

8718 CASPER AVE.  
HUDSON, FL 34667 US

**FEI Number: 27-2881460**

**Certificate of Status Desired: No**

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

DUBE, BRIDGET L  
8718 CASPER AVE.  
HUDSON, FL 34667 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 MGR  
Name DUBE, BRIDGET L  
Address 8718 CASPER AVE.  
City-State-Zip: HUDSON FL 34667

*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: BRIDGET L DUBE**

**MGR**

**04/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date