

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000005704**

1. Entity Name  
**ERB BUILDING SUPPLY, L.L.C.**



Principal Place of Business  
**8171 BLAIE COURT  
SARASOTA, FL 34240**

Mailing Address  
**8171 BLAIE COURT  
SARASOTA, FL 34240**



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1009436**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WAGNER, E. JOHN II, ESQ  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ERB, SAMUEL S
STREET ADDRESS	5692 EASTWIND DRIVE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	MGRM
NAME	ERB, SARA ANN
STREET ADDRESS	5692 EASTWIND DRIVE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	MGR
NAME	ERB, STACY R
STREET ADDRESS	1877 TOUCAN WAY #403
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGR
NAME	HORNING, STEPHANIE L
STREET ADDRESS	5436 FRUITVILLE ROAD, PMB 197
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80029-003 55.00

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3-29-07**

Date

**(941) 342-1344**

Daytime Phone #