

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000019650

1. Entity Name
DAVIS & SONS DRYWALL AND FRAMING, LLC



Principal Place of Business
**705 INGRAHAM AVENUE
SUITE 14
HAINES CITY, FL 33884**

Mailing Address
**PO BOX 750
HAINES CITY, FL 33845**



03222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0607669

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, DARLEEN L
705 INGRAHAM AVENUE
SUITE 14
HAINES CITY, FL 33884**

**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 of Darleen L Davis)
(Signature, typed or printed name of registered agent and date of filing)

(NOTE: Registered Agent signature required when reinstating)

3/23/07
Date

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PRES
DAVIS, DARLEEN L
705 INGRAHAM AVENUE SUITE 14
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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U00000743874
05/15/07-80125-019 50.00

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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 of Darleen L Davis)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/23/07
Date

Daytime Phone #