

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90043 043 \*\*\*\*50.00

DOCUMENT # L02000015443

1. Entity Name  
**TOTAL DRYWALL LLC**



Principal Place of Business  
705 5TH STREET S  
SAFETY HARBOR FL 34695  
US

*New Address*

Mailing Address  
705 5TH STREET S  
SAFETY HARBOR FL 34695  
US

44001645



2. Principal Place of Business  
11741 Bruin. dr.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
New Port Richey FL

City & State

4. FEI Number  
03-0453768

Applied For  
 Not Applicable

Zip  
34654

Country  
Pasco

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RALEY, KEVIN  
705 5TH STREET S  
SAFETY HARBOR FL 34695

Name  
Kevin Raley

Street Address (P.O. Box Number is Not Acceptable)

11741 Bruin. dr.

New Port Richey FL

34654  
Zip Code

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 *Kevin Raley*

Signature, typed or printed name of registered agent applicable.

(NOTE: Registered Agent signature required when reinstating)

5-10-03  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Owner / President  
Kevin D. Raley  
11741 Bruin. dr.  
New Port Richey FL 34654

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kevin Raley*

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

1/7/03 (727) 992 8176  
Date Daytime Phone #

CR2E083 (10/02)