


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L03000044740</b>	
1. Entity Name <b>KING PLASTERING &amp; STUCCO LLC</b>	

Principal Place of Business <b>5119 CAESAR WAY SOUTH ST. PETERSBURG FL 33712 US</b>	Mailing Address <b>5119 CAESAR WAY SOUTH ST. PETERSBURG FL 33712 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 13 AM 10:22



2nd MOORE CR2E083 (5/05)

6. Name and Address of Current Registered Agent <b>KING, SYLVESTER 5119 CAESAR WAY SOUTH ST. PETERSBURG FL 33712</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By September 7, 2005</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, SYLVESTER 5119 CAESAR WAY SOUTH ST. PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700059749137 09/13/05--01059--003 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Sylvester King</u>	9-14-05	727-866-6455
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #