

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90022 004 ****50.00

DOCUMENT # L03000045226

1. Entity Name

PUTNAM & SONS DRYWALL, L.L.C.



Principal Place of Business

20504 FISHER ROAD
FOUNTAIN FL 32438
US

Mailing Address

20504 FISHER ROAD
FOUNTAIN FL 32438
US

2. Principal Place of Business

20504 Fisher Rd.

3. Mailing Address

20504 Fisher Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fountain Fla.

City & State

Fountain Fla.

Zip

32438

Country

Bay

Zip

32438

Country

Bay

4. FEI Number

200398729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUTNAM, THOMAS A JR.
20504 FISHER ROAD
FOUNTAIN FL 32438

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PUTNAM, THOMAS A JR.
20504 FISHER ROAD
FOUNTAIN FL 32438 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PUTNAM, MATTHEW W
20500 FISHER ROAD
FOUNTAIN FL 32438 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PUTNAM, BILLY H
20410 AMBER LANE
FOUNTAIN FL 32438 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Thomas A. Putnam Thomas A. Putnam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850-596-1521