2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/5/2/2005-90106-046-$50.00-$50.00

FILED
05 AUG 30 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000047350

1. Entity Name

JOHN DEVOSS DRYWALL & PLASTER LLC

Principal Place of Business	Mailing Address
51 ARGYLE ST SOPCHOPPY FL 32358	PO BOX 296 SOPCHOPPY FL 32358

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
PO Box 296	PO Box 296
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sopchoppy	City & State: FL 32358
Zip / Country	Zip / Country

BK

4. FEI Number: 57-1173186 ☐ Applied For ☐ Not Applicable

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
DEVOSS, GLENN J 51 ARGYLE ST SOPCHOPPY FL 32358	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, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVOSS, GLENN J 51 ARGYLE ST SOPCHOPPY FL 32358	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(l), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #