

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000048169

1. Entity Name
CHAD M. SMITH DRYWALL & REPAIRS, L.L.C.



Principal Place of Business
6846 DONERAIL TR.
TALLAHASSEE, FL 32309

Mailing Address
6846 DONERAIL TR.
TALLAHASSEE, FL 32309

BK

FILED
05 MAR -2 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3748 Donovan Dr.

Suite, Apt. #, etc.

A

City & State

Tallahassee Fl.

Zip

32309

Country

U.S.

3. Mailing Address

3748 Donovan Dr.

Suite, Apt. #, etc.

A

City & State

Tallahassee Fl.

Zip

32309

Country

U.S.

03022005 Chg-LLC CR2E083 (10/03)

4. FEI Number

02-0712219

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHAD M
6846 DONERAIL TR.
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name
Smith Chad M.
Street Address (P.O. Box Number is Not Acceptable)
3748 A Donovan Dr.
Tallahassee Fl.
City FL Zip Code 32309

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

Chad M. Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMITH, CHAD M
6846 DONERAIL TR.
TALLAHASSEE, FL 32309 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Smith Chad M.
3748-A Donovan Dr.
Tallahassee Fla. 32309 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000047867780
03/08/05--01007--014 **50.00

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

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

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)(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:

Chad M. Smith

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

Date

3-2-05

Daytime Phone #

(850) 591-8322