2006 LIMITED LIABILITY COMPANY

Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000049064** 04-17-2006 90058 029 ****50.00 JOHN'S DRYWALL, LLC **2001600** Mailing Address Principal Place of Business 2034 ALDERMAN ROAD 2034 ALDERMAN ROAD AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04102006 Chg-LLC CR2E083 (11/05) FEI Number ARPHIEDEOR 20 -044 % Applied For-4. FEI Number City & State City & State \$5.00 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, JOHN L Street Address (P.O. Box Number is Not Acceptable) 2034 ALDERMAN ROAD AUBURNDALE, FL 33823 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change Addition **MGRM** ☐ Delete TITLE THT1 F NAME BROWN, JOHN L NAME 2034 ALDERMAN ROAD STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP AUBURNDALE, FL 33823 ☐ Change Addition Delete TITLE TITLE BROWN, SARA A NAME NAME 2034 ALDERMAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE, FL 33823 Delete TITLE - Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-7IP

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