

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050363	
1. Entity Name MICHAEL'S DRYWALL & PATCH SERVICES, LLC	

Principal Place of Business 196 STOKLEY RD CRAWFORDVILLE, FL 32327	Mailing Address 196 STOKLEY RD CRAWFORDVILLE, FL 32327
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0429554	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MUSACHIO, MICHAEL D
198 STOKLEY RD
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE
IN THIS SPACE**

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 consenting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MUSACHIO, MICHAEL D
STREET ADDRESS	198 STOKLEY RD
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000550671
05/13/06-80072-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Michael D. Musachio, MICHAEL D. MUSACHIO 4-28-06 850-5708374

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

Date

Daytime Phone #