## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000051061

1. Entity Name
ZETTLE PLASTERING, LLC



Principal Place of Business

10241 SW 67TH COURT OCALA, FL 34476

Mailing Address

P. O. BOX 771016 OCALA, FL 34477

## FILED May 19, 2006 8:00 am Secretary of State

05-19-2006 90211 001 \*\*\*\*5.00 05-19-2006 90211 002 \*\*\*\*50.00



04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 83-0405945 Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZETTLE, MARTHA C 10241 SW 67TH COURT OCALA, FL 34476

CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

8. The above named entity adomits 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			
	Signature, typed or printed name of registered agent and site (dapplicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZETTLE, MARTHA C 10241 SW 67TH COURT OCALA, FL 34476		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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.

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

04-28-06

352-854-4925

Daytime Phone