

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

Zip

Country

Zip

Country

4. FEI Number

83-0405945

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

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

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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME -  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ZETTLE, MARTHA C  
10241 SW 67TH COURT  
OCALA FL 34476 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
U000000740464  
05/14/07-80067-024 55.00 ☐ Change ☐ Addition

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Martina C. Zettle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-26-07 (353) 854-4925