## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000051556

1. Entity Name

RONALD N. BARDIN DRYWALL CONSTRUCTION AND SERVICES, LLC



FILED Apr 08, 2008 08:00 All Secretary of State

Principal Place of Business

Mailing Address

11971 BARDIN RD. Jacksonville, FL 32218 11971 BARDIN RD. JACKSONVILLE, FL 32218



03232008No Chg-LLC

CR2E083 (12/07)

DO	MOT	WRITI	e in this	SPACE

4. FEI Number									Applied For		
	20-04	46	<u> 572</u>	5							Not Applicable
_				_	_			-	\$5.0	חו	Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BARDIN, RONALD N 11971 BARDIN RD. JACKSONVILLE, FL 32218

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent signature required when reinstating)	DATE				
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		y kaominina di Galantina Anglia di Santana. Visita di Anglia di Santana di Sa				
9.	MANAGING MEMBERS/MANAGERS						
TITLE	MGR		İ				
NAME	BARDIN, RONALD N						
STREET ADDRESS	11971 BARDIN RD.	<b>]</b> .					
CITY-ST-ZIP	JACKSONVILLE, FL 32218	i i					
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP			Honor				
TITLE- ·	· · · · · · · · · · · · · · · · · · ·	J.	4/18/08-80051-023 138.75				
NAME		i i	7/18/08-80061-022 120 7F				
STREET ADDRESS		DO NI	OT WRITE " 130.75				
CITY-ST-ZIP		DC 144	NI AALTICE				
TITLE		IN TH	IS SPACE				
NAME		8 8 7 8 8 9 1					
STREET ADDRESS		i					
CITY-ST-ZIP							

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

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Rould M. Bardin

4/8/08

004-757-2441

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

Daytime Phone #