

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90370 041 *****50.00

DOCUMENT # L03000051750

1. Entity Name

DANNY BAIN DRYWALL LLC



Principal Place of Business

Mailing Address

**2649 W CYPRESS DR
DUNNELLON FL 34433-2214**

**2649 W CYPRESS DR
DUNNELLON FL 34433-2214**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

26-0078350

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

**BAIN, DANNY
2649 W CYPRESS DR
DUNNELLON FL 34433-2214**

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: ☐ Delete
NAME: **BAIN, DANNY**
STREET ADDRESS: **2649 W CYPRESS DR**
CITY-STATE-ZIP: **DUNNELLON FL 34433**

TITLE: ☐ Change ☒ Addition
NAME: **Manager**
STREET ADDRESS: **David Essex**
CITY-STATE-ZIP: **18926 SW 108th Loop
Dunnellon, Fl. 34432**

TITLE: ☐ Delete
NAME: **MGRM**
STREET ADDRESS: **MARTIN, HAROLD T**
CITY-STATE-ZIP: **11808 MAYAN TERR
DUNNELLON FL 34434**

TITLE: ☐ Change ☐ Addition
NAME: **MGRM**
STREET ADDRESS: **SNEED, SCOTT M**
CITY-STATE-ZIP: **17963 SW 27 ST
DUNNELLON FL 34432**

TITLE: ☒ Delete
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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: Danny R. Bain **DANNY R BAIN** 2-11-07 352-427-2168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #