


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| DOCUMENT # L03000051931 1. Entity Name DARYL ROBINSON WALLCOVERING, LLC |  |
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| Principal Place of Business 5545 S.E. 14TH AVENUE OCALA, FL 34480 | Mailing Address 5545 S.E. 14TH AVENUE OCALA, FL 34480 |
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04242006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
80-0090857

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

| |
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| 6. Name and Address of Current Registered Agent ROBINSON, DARYL 5545 S.E. 14TH AVENUE OCALA, FL 34480 |
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**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 reappointing) DATE _____

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

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROBINSON, DARYL C 5545 S.E. 14TH AVENUE OCALA, FL 34480 |
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000000548582
05/12/06-80069-021 \$5.00

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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: Daryl Robinson **4-25-06** **352-867-532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #