


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90046 046 \*\*\*\*50.00

<b>DOCUMENT # L03000054911</b>	
1. Entity Name S.I.M. DRYWALL, L.L.C.	

Principal Place of Business 2535 HOLLY ROAD WEST PALM BEACH, FL 33406	Mailing Address 2535 HOLLY ROAD WEST PALM BEACH, FL 33406
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**24054055**

04062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
27-0076558

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MICHAUD, SEAN I 2535 HOLLY ROAD WEST PALM BEACH, FL 33406		Name: <del>Michaud, Sean I.</del> Street Address (P.O. Box Number is Not Acceptable) City: <b>FL</b> 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: Sean Michaud Sean I. Michaud 4/23/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sean Michaud Sean Michaud 4/23/04 561-687-0670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #