2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000057169

1. Entity Name
JAIME DRYWALL, LLC

Principal Place of Business	Mailing Address
342 N.W. BILTMORE STREET PORT ST. LUCIE, FL 34983 US	342 N.W. BILTMORE STREET PORT ST. LUCIE, FL 34983 US

DO NOT WRITE IN THIS SPACE

03012006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0537805
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JAIME
342 N.W. BILTMORE STREET
PORT ST. LUCIE, FL 34983

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: Jaime Rodriguez
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, 2006

000001456148
03/16/06-80017-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RODRIGUEZ, JAIME
STREET ADDRESS	1821 SW 64 TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33068
TITLE	MGR
NAME	TORREZ, JUAN S
STREET ADDRESS	1821 SW 64 TERRACE, #B
CITY-ST-ZIP	POMPANO BEACH, FL 33068
TITLE	MGR
NAME	RODRIGUEZ, BERNARDO
STREET ADDRESS	342 NW BILTMORE ST
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Jaime Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #