


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90380 008 ****50.00

DOCUMENT # L04000000207					
1. Entity Name SAM'S DRYWALL FINISH LLC					
Principal Place of Business 2649 NW 58 AVENUE MARGATE, FL 33063 US			Mailing Address 2649 NW 58 AVENUE MARGATE, FL 33063 US		
2. Principal Place of Business <i>2762 SW Altamira Ave.</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03082005 Chg-LLC CR2E083 (10/03)	
City & State <i>West St Louis, Mo</i>		City & State		4. FEI Number <i>20-0549868</i>	
Zip <i>34987</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VASQUEZ, SAMUEL A 2649 NW 58 AVENUE MARGATE, FL 33063				7. Name and Address of New Registered Agent	
				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: <i>Samuel A Vasquez</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<i>Mbr</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VASQUEZ, SAMUEL A	NAME	<i>Vasquez Samuel A.</i>		
STREET ADDRESS	2649 NW 58 AVENUE	STREET ADDRESS	<i>2762 SW Altamira Ave.</i>		
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	<i>West St Louis FL 34987</i>		
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTIERREZ, ISAIAS	NAME			
STREET ADDRESS	6325 NW 11 STREET #4	STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP			
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTIERREZ, JAIME	NAME			
STREET ADDRESS	6325 NW 11 STREET #4	STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Samuel A Vasquez</i> <i>Pin h</i> <i>3/8/05 90380 008 0080</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

20-0547868

