


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90343 034 ****50.00

DOCUMENT # L04000000207

1. Entity Name
SAM'S DRYWALL FINISH LLC



Principal Place of Business
**2762 SOUTHWEST ALTAMARINE AVENUE
PORT SAINT LUCIE, FL 34987 US**

Mailing Address
**2762 SOUTHWEST ALTAMARINE AVENUE
PORT SAINT LUCIE, FL 34987 US**

2. Principal Place of Business - No P.O. Box #
2342 SW Antiquera ST

3. Mailing Address

Suite, Apt. #, etc.


City & State
Port St Lucie FL

City & State

Zip
34953

Country

40097867



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0847868 90-0277690

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
Vasquez Samuel A.

Street Address (P.O. Box Number is Not Acceptable)
2342 SW Antiquera ST.

City
Port St Lucie

FL

Zip Code
34953

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 **Samuel A Vasquez**

(NOTE: Registered Agent signature required when reinstating)

DATE **4-28-07**

**Filing Fee is \$50.00
Due by May 1, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VASQUEZ, SAMUEL A 2762 SW ALTAMIRA AVE PORT SAINT LUCIE, FL 34987	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Vasquez Samuel A. 2342 SW Antiquera ST Port. St. Lucie FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **Samuel A Vasquez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **4-28-07**

DAYTIME PHONE # **954 650-0580**