## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

## DOCUMENT # L0400000524

1. Entity Name

ERIC W MOEN DRYWALL FINISHER, LLC



FILED Feb 05, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1168 SW HOGAN ST PORT ST LUCIE, FL 34983 1168 SW HOGAN ST PORT ST LUCIE, FL 34983



02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 87-0731172 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daylime Phone #

6. Name and Address of Current Registered Agent

MOEN, MINDY 1168 SW HOGAN ST PORT ST LUCIE, FL 34983

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		114	I TIO 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 trife if applicable. (NOTE. Registered Agen		(RIOTE. Registered Agent signature required when reinstating)	
	ling Fee is \$50.00 ue by May 1, 2007		02/09/07-80059-014 50.00
9.	MANAGING MEMBERS/MANAGERS		
THILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOEN, ERIC 1168 SW HOGAN ST PORT ST LUCIE, FL 34983		
NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE RAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. 1 hereby certify that the information supplied with this filing does not quality 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.			