


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000000945 1. Entity Name JAMES MOON DRYWALL, LLC					
Principal Place of Business 413 N HORSE PRARIE RD INVERNESS FL 34450			Mailing Address 413 N HORSE PRARIE RD INVERNESS FL 34450		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. City & State Zip Country		3. Mailing Address Suite, Apt #, etc. City & State Zip Country		2nd MOORE CR2E083 (4/07)	
4. FEI Number 54-2138431				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MOON, JAMES 413 N HORSE PRARIE RD INVERNESS FL 34450			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOON, JAMES 413 N HORSE PRARIE RD INVERNESS FL 34450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>James E. Moon</u> <u>7/16/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					