

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90373 016 \*\*\*\*55.00



**DOCUMENT # L04000002583**

1. Entity Name

CHARLES SCHOSSLER DRYWALL LLC

Principal Place of Business

3451 CR 343  
BRONSON FL 32621

Mailing Address

PO BOX 669  
BRONSON FL 32621



2. Principal Place of Business

3451 CR 343

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 669

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

Gulf Hammock, FLA

City & State

BRONSON, FLA.

4. FEI Number

650161663

☒ Applied For

☐ Not Applicable

Zip

32639

Country

Levy

Zip

32621

Country

Levy

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHOSSLER, CHARLES  
3451 CR 343  
BRONSON FL 32621

7. Name and Address of New Registered Agent

Name

CHARLES SCHOSSLER LLC

Street Address (P.O. Box Number is Not Acceptable)

3451 CR 343

City

Gulf Hammock

FL

Zip Code

32639

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

*Charles Schossler*

CHARLES SCHOSSLER 29-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHOSSLER, CHARLES	
STREET ADDRESS	PO BOX 669	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHOSSLER, CHARLES	
STREET ADDRESS	P.O. BOX 669	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Charles Schossler* CHARLES SCHOSSLER 29-05

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

Date

Daytime Phone #