

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000002583

1. Entity Name  
CHARLES SCHOSSLER DRYWALL LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG -3 PM 1:52

Principal Place of Business  
3451 COUNTY ROAD 343  
GULF HAMMOCK, FL 32639 US

Mailing Address  
PO BOX 669  
BRONSON, FL 32621 US

2. Principal Place of Business  
3451 CR 343  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 669  
Suite, Apt. #, etc.

City & State  
Gulf Hammock,  
Zip 32639 Country Levy

City & State  
BRONSON,  
FLA  
Zip 32621 Country Levy



07252006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
65-0161663 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
CHARLES SCHSSIER, LLC.  
3451 COUNTY ROAD 343  
GULF HAMMOCK, FL 32639

7. Name and Address of New Registered Agent  
Name Charles Schossler  
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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-1-06  
DATE

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOSSLER, CHARLES PO BOX 669 BRONSON, FL 32621	<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	800078464988 08/08/06--01022--001 **\$5.00	<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
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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: *Charles Schossler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-01-06 (352) 214-1753  
Date Daytime Phone #