

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90095 004 \*\*\*\*55.00

**DOCUMENT # L04000002583**

1. Entity Name

CHARLES SCHOSSLER DRYWALL LLC



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 - No P.O. Box #

3451 CR 343

Suite, Apt. #, etc.

3. Mailing Address

CHARLES SCHOSSLER DRYWALL LLC

Suite, Apt. #, etc.

P.O. BOX 669

2nd MOORE

CR2E083 (4/07)

City & State

Gulf Hammock, FLA

City & State

BRONSON, FLA

4. FEI Number

65-0161663

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 COUNTY ROAD 343  
GULF HAMMOCK FL 32639

7. Name and Address of New Registered Agent

Name CHARLES SCHOSSLER DRYWALL 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 Schoessler*

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

(NOTE: Registered Agent signature required when reinstating)

5-30-2007

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME SCHOSSLER, CHARLES  
STREET ADDRESS PO BOX 669  
CITY- ST- ZIP BRONSON FL 32621

TITLE MGRM ☐ Delete  
NAME EVERETT, KIMBERLY H  
STREET ADDRESS 642 S.W. WORRYFREE GLENN  
CITY- ST- ZIP FT. WHITE FL 32038

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 Schoessler*

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

5-30-2007

Date

Daytime Phone #