

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000002583

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** CHARLES SCHOSSLER DRYWALL LLC

**Current Principal Place of Business:**

3451 COUNTY ROAD 343  
GULF HAMMOCK, FL 32639 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 669  
BRONSON, FL 32621 US

**New Mailing Address:**

**FEI Number:** 65-0161663      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHOSSLER, CHARLES  
3451 COUNTY ROAD 343  
GULF HAMMOCK, FL 32639 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SCHOSSLER, CHARLES  
**Address:** PO BOX 669  
**City-St-Zip:** BRONSON, FL 32621 US

**Title:** MGRM  
**Name:** SMITH, WILLIAM J  
**Address:** 2800 SW 186 COURT  
**City-St-Zip:** DUNNELLON, FL 34432 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date