## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 19, 2006 8:00 am Secretary of State

DOCUMENT # L0400002950  1. Entity Name , TOM DIXON PLASTERING, LLC						04-19-200	06 90018 025 ***	**50.00	
,					g or a general transfer of the second of th				
Principal Place of Business Mailing Address					्राक्र अं और मिलामुम् इप				
692 MONTCLAIR AVENUE 692 MONTCLAIR AVENUE				r	ļ				
ORANGE CITY, FL 32763 US ORANGE CITY, FL 32763 U				2 -	1.0				
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	# etc	Suite, Apt. #, etc.							
Julie, Apt.	π, φις.	Suite, Apr. #, etc.			04072006	Chg-LLC	CR2E083 (11/05)		
City & State	9	City & State			4. FEI Numb	) i	A	pplied For	
		<u> </u>			90-0133798   Not Applicable				
Zíp	Country	Zip	Zip Count		5. Certificate of Status Desired   \$5.00 Additional Fee Required				
	6. Name and Address of Curr	i ent Registered Agent	1		7. Name and	Address of New R		20	
-	"	Name							
DIXON, TOM E 692 MONTCLAIR AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
	CITY, FL 32763	Street Address (P.O. Box Normber is Not Acceptable)							
				ļ					
					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									
Signature, lyped or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)  DATE									
Consider the section of the section									
Filing Fee is \$50.00 Due by May 1, 2006					1		e check payable to Department of Stat	te	
				·	1				
	,, , MANAGING MEN	MBERS/MANAGERS	10.			ADDITIONS,			
TITLE	MGR	☐ Delete	TITLI				☐ Change	Addition	
NAME STREET ADDRESS	DIXON, TOM E 692 MONTCLAIR AVENUE		NAM STRE	ET ADDRESS					
CITY-ST-ZIP	ORANGE CITY, FL 32763		1	-ST-ZIP					
TITLE		☐ Delete	TITU				☐ Change	☐ Addition	
NAME			NAM	E					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME		☐ Delete	TITL NAM				☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS				ļ	
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	E			☐ Change	☐ Addition	
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-21P					
TITLE		☐ Delete	TITL			•	☐ Change	Addition	
NAME		□ Delete	NAM						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITU				Change	☐ Addition	
NAME			NAM	_					
STREET ADDRESS CITY-ST-ZIP	<u></u>	market see -		ET ADDRESS .			and the second second second		
11   bereby	Lentify that the information supplied	with this filing does not qualify to	r the eve	motions contained	in Chapter 119	Florida Statutes 1 fe	urther certify that the inf	omation	
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 trustegempowered to execute this report as required by Chapter 608, Florida Statutes.									
386									

4-14-06 Date