

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90054 005 ****50.00

DOCUMENT # L04000006317

1. Entity Name

FREEDOM DRYWALL, L.L.C.



Principal Place of Business

5312 CORWIN DRIVE
TALLAHASSEE FL 32303

Mailing Address

5312 CORWIN DRIVE
TALLAHASSEE FL 32303



2. Principal Place of Business

225 Hiamonee Drive

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (5/05)

City & State

Tallahassee Florida

City & State

Tallahassee Florida

4. FEI Number

81-0637753

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANFILL, DOROTHY
5312 CORWIN DRIVE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

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, 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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME STANFILL, JODY R
STREET ADDRESS 5312 CORWIN DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME STANFILL, JODY R
STREET ADDRESS 225 HIAMONEE DRIVE
CITY-ST-ZIP TALLAHASSEE, FLORIDA 32312 ☐ Change ☐ Addition

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

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

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

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

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

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:

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

Date

Daytime Phone #

8-3-05

(850) 251-1603