

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008626

**FILED
May 08, 2009
Secretary of State**

Entity Name: CP DRYWALL, LLC

Current Principal Place of Business:

2749 MUIR LN.
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 311
VERNON, FL 32462

New Mailing Address:

2749 MUIR LN.
BONIFAY, FL 32425

FEI Number: 20-0667744 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PRESLEY, CHARLES H
2749 MUIR LN.
BONIFAY, FL 32425 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 () Delete
Name: PRESLEY, CHARLES H
Address: POST OFFICE BOX 311
City-St-Zip: VERNON, FL 32462

Title: MGR () Delete
Name: PRESLEY, CLIFFORD T
Address: POST OFFICE BOX 311
City-St-Zip: VERNON, FL 32462

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRESLEY, CHARLES H
Address: POST OFFICE BOX 1024
City-St-Zip: CHIPLEY, FL 32428

Title: MGR (X) Change () Addition
Name: PRESLEY, CLIFFORD T
Address: 2749 MUIR LN.
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 PRESLEY

MGR

05/08/2009

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