

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010594

FILED  
Mar 15, 2005  
Secretary of State

**Entity Name:** HILAVION VAZQUEZ DRY WALL LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

409 N BOSTON AVENUE  
DELAND, FL

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1693  
DELAND, FL 32721

**New Mailing Address:**

**FEI Number:** 20-1367090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAZQUEZ, HILAVION  
409 N BOSTON AVENUE  
DELAND, FL 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/MEMBERS:**

Title: VAZQ ( ) Delete  
Name: UEZ, HILARION  
Address: 409 N BOSTON AVENUE  
City-St-Zip: DELAND, FL

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VAZQUEZ, HILARION  
Address: 409 N BOSTON AVENUE  
City-St-Zip: DELAND, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HILARION VAZQUEZ

MGR

03/15/2005

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