

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90027 033 ****50.00

DOCUMENT # L04000011773 1. Entity Name PHIL SHERIDAN PLASTERING LLC					
Principal Place of Business 114 SOUTH OAKLAND AVE SAN MATEO, FL 32187 US			Mailing Address 114 SOUTH OAKLAND AVE SAN MATEO, FL 32187 US		
2. Principal Place of Business <i>114 S. Oakland Ave</i>		3. Mailing Address <i>114 S. Oakland Ave.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>San Mateo FL</i>		City & State <i>San Mateo FL</i>		4. FEI Number <i>562435729</i>	
Zip <i>32187</i>		Country <i>Putnam</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SHERIDAN, PHIL 114 SOUT OAKLAND AVE SAN MATEO, FL 32187			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>Philip L. Sheridan</i> <i>Philip L. Sheridan</i> <i>4-14-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERIDAN, PHIL 114 SOUTH OAKLAND AVE SAN MATEO, FL 32187		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co MGR <i>Christine H. Sheridan</i> <i>114 S. Oakland Ave,</i> <i>San Mateo, FL 32187</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co MGR <i>Christine H. Sheridan</i> <i>114 S. Oakland Ave.</i> <i>San Mateo, FL 32187</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Christine H. Sheridan</i> <i>Christine H. Sheridan</i> <i>4-14-05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					