

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90036 005 \*\*\*\*50.00

DOCUMENT # L04000013450

1. Entity Name  
COMPLETE DRYWALL, LLC



Principal Place of Business  
3202 MOTT ROAD  
DOVER, FL 33527

Mailing Address  
3202 MOTT ROAD  
DOVER, FL 33527

2. Principal Place of Business  
3140 Cork Rd

3. Mailing Address  
3140 Cork Rd



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222005 Chg-LLC CR2E083 (10/03)

City & State  
Plant City FL

City & State  
Plant City FL

4. FEI Number  
20-0608831

Applied For  
Not Applicable

Zip 33565 Country USA

Zip 33565 Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BICHARD, KELLY  
AFFORDABLE BKKPGN & TAXES  
605 W BLOOMINGDALE AVE SUITE D  
BRANDON, FL 33511

## 7. Name and Address of New Registered Agent

Name Same  
Street Address (P.O. Box Numbers Not Acceptable)  
15812 Coldwing Loop  
Wimauma  
City FL 33598

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 Kelly M Bichard

3/22/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANGEL, HECTOR 3202 MOTT ROAD DOVER, FL 33527	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HYDE, JAIME 3202 MOTT ROAD DOVER, FL 33527	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JANICE 3202 MOTT ROAD DOVER, FL 33527	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 3140 Cork Rd Plant City FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 3140 Cork Rd Plant City FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 3140 Cork Rd Plant City FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Hector Rangel

11/20/05

863-255-4868

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

Date

Daytime Phone #