## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L04000016292



**FILED** 

Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90056 043 \*\*\*\*50.00 RICKIE WALKER DRYWALL, LLC Principal Place of Business Mailing Address 5782 KUMOUAT ROAD 5782 KUMQUAT ROAD WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 US 2. Principal Place of Business 3. Mailing Address 870 TIGER LAKE ROAD 870 TIGER LAKE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For LAKE WALES, FL LAKE WALES, FL 20-0796377 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33898 POLK COUNTY 33898 POLK COUNTY Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICKIE WALKER WALKER, RICKIE Street Address (P.O. Box Number is Not Acceptable) 870 TIGER LAKE ROAD **5782 KUMQUAT ROAD** WEST PALM BEACH, FL 33413 LAKE WALES, Zip Code 33898 LAKE WALES 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) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE MGR RICKIE WALKER ☐ Delete TITLE Change
Ch ☐ Addition WALKER, RICKIE NAME NAME 870 TIGER LAKE ROAD STREET ADDRESS 5782 KUMQUAT ROAD STREET ADDRESS LAKE WALES, FL 33898 CITY-ST-ZIP WEST PALM BEACH, FL 33413 CITY-ST-ZIP TITLE ☐ Delete TIT: F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP

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.

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #