

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90094 007 ****50.00

20061294



06292005 Chg-LLC CR2E083 (10/03)

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # L04000017439 1. Entity Name DRYWALL SERVICES OF FLORIDA, LLC | | | | | |
| Principal Place of Business 9816 RIVER CREST CT ORLANDO, FL 32825 | | | Mailing Address 9816 RIVER CREST CT ORLANDO, FL 32825 | | |
| 2. Principal Place of Business 2141 SW 1st Suite, Apt. #, etc. Suite #209 | | 3. Mailing Address 2870 NW 5 St Suite, Apt. #, etc. | | 4. FEI Number 20-0815381 Applied For <input type="checkbox"/> Not Applicable | |
| City & State Miami, FL | | City & State Miami, FL | | | |
| Zip 33135 | | Country USA | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 6. Name and Address of Current Registered Agent SANCHEZ, JUAN I 9816 RIVER CREST CT ORLANDO, FL 32825 | | | |
| 7. Name and Address of New Registered Agent Name: Juan I. Sanchez Street Address (P.O. Box Number is Not Acceptable): 2870 NW 5 St City: Miami, FL Zip Code: 33125 | | | | | |
| 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: <u>Juan I. Sanchez</u> DATE: <u>6/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE: MGR NAME: SANCHEZ, JUAN S STREET ADDRESS: 9816 RIVER CREST CT CITY-ST-ZIP: ORLANDO, FL 32825 <input type="checkbox"/> Delete | | | TITLE: MGR NAME: Juan I. Sanchez STREET ADDRESS: 2870 NW 5 St CITY-ST-ZIP: Miami FL 33125 <input checked="" 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 | | |
| 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: <u>Juan I. Sanchez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date: <u>6/29/05</u> Daytime Phone #: <u>200-9556</u> (786) | |