

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90419 049 ****50.00

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03252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000018997 1. Entity Name ARNOLD'S PLASTERING, L.L.C.					
Principal Place of Business 10038 BAYSHORE DRIVE NAPLES, FL 34112			Mailing Address 10038 BAYSHORE DRIVE NAPLES, FL 34112		
2. Principal Place of Business 3220 14 TH AVE S.E. Suite, Apt. #, etc.		3. Mailing Address 3220 14 TH AVE S.E. Suite, Apt. #, etc.		4. FEI Number 267-33-5714 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State Naples, FL Zip 34117		City & State Naples, FL Zip 34117			
Country		Country			
6. Name and Address of Current Registered Agent ARNOLD, WILLIAM M 10038 BAYSHORE DRIVE NAPLES, FL 34112			7. Name and Address of New Registered Agent Name ARNOLD, William M. SR. Street Address (P.O. Box Number is Not Acceptable) 3220 14 TH AVE S.E. City Naples, FL Zip Code 34117		
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>William M. Arnold Sr.</u> (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNOLD, WILLIAM M 10038 BAYSHORE DRIVE NAPLES, FL 34112	<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"/> Change <input type="checkbox"/> Addition
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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"/> 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>William M. Arnold Sr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3/28/05</u>		Daytime Phone # <u>239-777-8577</u>