

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90182 012 \*\*\*\*55.00

DOCUMENT # L04000019651

1. Entity Name

GARY LATORRE DRYWALL LLC



Principal Place of Business

546 QUEENS MIRROR CIRCLE  
CASSELBERRY FL 32707

Mailing Address

546 QUEENS MIRROR CIRCLE  
CASSELBERRY FL 32707



2. Principal Place of Business - No P.O. Box #

546 QUEENS MIRROR CIR.

Suite, Apt. #, etc.

3. Mailing Address

546 QUEENS MIRROR CIR.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

CASSELBERRY FL.

City & State

CASSELBERRY FL.

4. FEI Number

20-0852912

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

Zip

32707

Country

USA

Zip

32707

Country

U.S.A.

6. Name and Address of Current Registered Agent

LATORRE, GARY R  
546 QUEENS MIRROR CIRCLE  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name GARY R. LATORRE

Street Address (P.O. Box Number is Not Acceptable)

546 QUEENS MIRROR CIR.

City CASSELBERRY

FL

Zip Code

32707

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

GARY R. LATORRE

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

(NOTE: Registered Agent signature required when reinstating)

2/9/07

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LATORRE, GARY R  
STREET ADDRESS 546 QUEENS MIRROR CIRCLE  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

GARY R. LATORRE

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

2/9/07

Date

Daytime Phone #