2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/1/2006-90036-001-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10: 56

DOCUMENT # L04000020509

1. Entity Name
ROSIE'S PRO DRYWALL, LLC

Principal Place of Business	Mailing Address
6336 AMMONS LN YOUNGSTOWN FL 32466 6336	6336 AMMONS LN YOUNGSTOWN FL 32466

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
6336 Ammons Ln,	Youngstown Fl.
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: Youngstown Fl,	City & State: Youngstown Fl.
Zip: 32466 Country	Zip: 32466 Country: Bay

4. FEI Number 93-1335739 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSIE, CHARLES A
6336 AMMONS LN
YOUNGSTOWN FL 32466

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Charles A. Rosie
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	ROSIE, CHARLES A	
STREET ADDRESS	6336 AMMONS LN	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	MMBR	☐ Delete
NAME	ROSIE, GARY	
STREET ADDRESS	1408 PARKWAY DR	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 Chapter 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: Charles A. Rosie 9/21/06 1-850 722 9883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #