

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000028233

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** WADE WIGGINS DRYWALL LLC

**Current Principal Place of Business:**

8170 ALTURAS ROAD SOUTH  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

8170 ALTURAS ROAD SOUTH  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 20-1041560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WIGGINS, WADE  
8190 ALTURAS ROAD SOUTH  
BARTOW, FL 33830 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WIGGINS, WADE  
Address: 8170 ALTURAS ROAD SOUTH  
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WADE WIGGINS

MGRM

03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date