


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90019 013 ****50.00

DOCUMENT # L04000029718	
1. Entity Name DAVID WHITE REMODELING, LLC	

Principal Place of Business 30 HAMMOCK COVE ROAD EASTPOINT FL 32328	Mailing Address P.O. BOX 536 EASTPOINT FL 32328
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2. Principal Place of Business 30 HAMMOCK COVE ROAD	3. Mailing Address P.O. BOX 536
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State East Point, Fla.	City & State East Point, Fla.
Zip 32328	Zip 32328
Country Franklin	Country Franklin



1st MOORE CR2E083 (10/04)

4. FEI Number 01-0812370	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, DAVID L 30 HAMMOCK COVE ROAD EASTPOINT FL 32328	
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 David L White David L White 2-26-05
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 May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, DAVID L 30 HAMMOCK COVE ROAD EASTPOINT FL 32328 <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
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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: David L White David L White 2-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #