

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90023 047 ****55.00

DOCUMENT # L04000033731

1. Entity Name
J C DRYWALL LLC



Principal Place of Business
**780 W. DAVIDSON STREET #107
BARTOW, FL 33830**

Mailing Address
**780 W. DAVIDSON STREET #107
BARTOW, FL 33830**

20038454



2. Principal Place of Business
1460 E. DAVIDSON ST #107
Suite, Apt. #, etc.

3. Mailing Address
1460 E. DAVIDSON ST
Suite, Apt. #, etc.

04252006 Chg-LLC CR2E083 (11/05)

City & State
Bartow Florida

City & State
Bartow

4. FEI Number
20-1162127
Applied For
Not Applicable

Zip
33830
Country
USA

Zip
33830
Country
USA

5. Certificate of Status Desired **AT** **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARDOSO, JUAN
780 W. DAVIDSON STREET #107
BARTOW, FL 33830**

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

(NOTE: Registered Agent signature required when reinstating)

4/26/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CARDOSO, JUAN
780 W. DAVIDSON STREET #107
BARTOW, FL 33830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CARDOSO, MARFELIA
780 W. DAVIDSON STREET #107
BARTOW, FL 33830** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Cardoso Juan
1460 E. DAVIDSON ST
Bartow Florida 33830** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Juan Cardoso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #