

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4 **FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90032 047 \*\*\*\*50.00

**DOCUMENT # L04000035979**

1. Entity Name  
**A & M STUCCO OF CRESTVIEW LLC**



Principal Place of Business  
**3950 POVERTY CREEK RD  
CRESTVIEW, FL 32539**

Mailing Address  
**3950 POVERTY CREEK RD  
CRESTVIEW, FL 32539**

**30006424**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**200110968**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILLMAN, GREGORY  
3950 POVERTY CREEK RD  
CRESTVIEW, FL 32539**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GILLMAN, GREGORY  
3950 POVERTY CREEK RD  
CRESTVIEW, FL 32539** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

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

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

*Gregory A. Gillman* **Gregory A. Gillman** 5/11/05 682-6153

Date

Daytime Phone #