


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 21, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT# L04000036017 1. Entity Name CASTILLO DRYWALL, LLC	
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Principal Place of Business 1010 W SPENCER STREET PLANT CITY, FL 33567	Mailing Address P O BOX 734 DOVER, FL 33527
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DO NOT WRITE IN THIS SPACE



.06062006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1068448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  CASTILLO, JOSE A 1010 W SPENCER STREET PLANT CITY, FL 33867	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASTILLO, JOSE 1010 W SPENCER STREET PLANT CITY, FL 33567
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06/21/06-B0001-006-50.00

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: *Jose A. Castillo* 6-16-06 813-759-2169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #