

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

DOCUMENT # L04000037484

1. Entity Name
BRUMBLEY DRY WALL LLC



07 MAY -1 AM 9:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**PO BOX 553
WOODVILLE, FL 32362**

Mailing Address
**PO BOX 553
WOODVILLE, FL 32362**



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE BK

4. FEI Number
59-2210664

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRUMBLEY, ALFRED R SR
30 OAKMONT DR
CRAWFORDVILLE, FL 32602**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRUMBLEY, ALFRED R SR
PO BOX 553
WOODVILLE, FL 32362**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**BK 800101629748
05/07/07--01003--022 **50.00**

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IN THIS SPACE**

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: Alfred R. Brumbley Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-29-07 509 5902
Date Daytime Phone #