

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040099

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** EDDIE ANDERSON PLASTERING LLC

**Current Principal Place of Business:**

370 NORTH NOVA ROAD  
21  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

568 HEINEMAN STREET  
DAYTONA BEACH, FL 32114 US

**Current Mailing Address:**

568 HEINEMAN STREET  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

FEI Number: 56-2463458      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ANDERSON, EDDIE  
568 HEINEMAN STREET  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

ANDERSON, EDDIE LLC  
568 HEINEMAN STREET  
DAYTONA BEACH, FL 32114 US

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.

SIGNATURE: EDDIE ANDERSON

09/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: EDDIE ANDERSON PLAST, ERING LLC  
Address: 568 HEINEMAN STREET  
City-St-Zip: DAYTONA BEACH, FL 32114 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDDIE ANDERSON

PERS

09/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date