

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 16 AM 9:54

DOCUMENT # L04000041745

1. Entity Name
GARCIA DRYWALL, LLC



Principal Place of Business
2828 LIENBY AVE, APT 10
PANAMA CITY, FL 32405 US

Mailing Address
2828 LIENBY AVE, APT 10
PANAMA CITY, FL 32405 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
43-2052150

☒ 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

GARCIA, FRANCISCO
2828 LIENBY AVE, APT 10
PANAMA CITY, FL 32405

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 reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☒ Delete
NAME GARCIA, JOSE
STREET ADDRESS 2828 LIENBY AVE, APT 2
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE MGRM ☒ Change ☐ Addition
NAME GARCIA, FRANCISCO
STREET ADDRESS 2828 LIENBY AVE APT 10
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE MGRM ☐ Delete
NAME GARCIA, FRANCISCO
STREET ADDRESS 2828 LIENBY AVE, APT 10
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE MGRM ☒ Change ☐ Addition
NAME MENDEZ, JOSE A
STREET ADDRESS 2828 LIENBY AVE APT 2
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE MGRM ☐ Delete
NAME MENDEZ, JOSE A
STREET ADDRESS 2828 LIENBY AVE., APT. 2
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200060050272
09/28/05--01054--010 **\$5.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Francisco Garcia*

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

Date

Daytime Phone #

8-3405