

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90041 018 \*\*\*\*55.00

**DOCUMENT # L04000043339**

1. Entity Name

**BART A THOMPSON DRYWALL SERVICES L.L.C.**



Principal Place of Business

P.O. BOX 606  
CHRISTMAS FL 32709

Mailing Address

P.O. BOX 606  
CHRISTMAS FL 32709



2. Principal Place of Business

**3246-21 S. SEMINOL BLVD**

3. Mailing Address

**3246-21 S. SEMINOL BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

4. FEI Number

**55-0869992**

Applied For

Not Applicable

Zip

**32822-1625**

Country

**USA**

Zip

**32822-1625**

Country

**USA**

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, BART A  
15540 LARKSPUR ST.  
ORLANDO FL 32828-5377**

7. Name and Address of New Registered Agent

Name **BART A. THOMPSON**

Street Address (P.O. Box Number is Not Acceptable)  
**3246-21 S. SEMINOL BLVD**

City **ORLANDO**

FL

Zip Code **32822-1625**

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

*Bart A. Thompson* / **BART A. THOMPSON**

**2/23/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **THOMPSON, BART A**  
STREET ADDRESS **15540 LARKSPUR ST.**  
CITY-ST-ZIP **ORLANDO, FL 32828-5377**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **THOMPSON, BART A.**  
STREET ADDRESS **3246-21 S. SEMINOL BLVD**  
CITY-ST-ZIP **ORLANDO, FL 32822-1625**

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

TITLE ☐ Change ☐ Addition  
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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 exemptions contained in Section 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: *Bart A. Thompson* / **BART A. THOMPSON, MGR**

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

**2/23/06 (407) 493-2419**

Date

Daytime Phone #