


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90046 048 \*\*\*\*50.00

<b>DOCUMENT # L04000053695</b> 1. Entity Name <b>ANDY'S DRYWALL LLC</b>					
Principal Place of Business <b>111 AUBURN ROAD #3 FORT WALTON BEACH, FL 32547</b>			Mailing Address <b>111 AUBURN ROAD #3 FORT WALTON BEACH, FL 32547</b>		
2. Principal Place of Business <b>111 Auburn Rd.</b>		3. Mailing Address <b>111 Auburn</b>			
Suite, Apt. #, etc. <b>#3</b>		Suite, Apt. #, etc. <b>#3</b>			
City & State <b>Fort Walton Rch</b>		City & State <b>Fort Walton Rch.</b>			
Zip <b>FL</b>		Country <b>USA</b>		4. FEI Number <b>08172005 Chg-LLC CR2E083 (10/03)</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>MILLS, GARY ANDREW 111 AUBURN ROAD #3 FORT WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Gary A. Mills</i></u> DATE <u>9-02-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGMR MILLS, GARY ANDREW 111 AUBURN ROAD #3 FORT WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Gary A. Mills</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>9-02-05</u> Daytime Phone #		