

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90011 022 ****55.00

DOCUMENT # L04000054325

1. Entity Name
FLOYD'S PLASTERING, LLC



Principal Place of Business
**18526 NE 132 AVENUE
GAINESVILLE, FL 32609**

Mailing Address
**P. O. BOX 692
WALDO, FL 32694**



2. Principal Place of Business
14127 NE 138th ST.
Suite, Apt. #, etc.

3. Mailing Address
14127 NE 138th ST.
Suite, Apt. #, etc.

02062006 Chg-LLC CR2E083 (11/05)

City & State
WALDO FL

City & State
WALDO FL

4. FEI Number
20-1404818

Applied For
Not Applicable

Zip
32694 Country
ALACHUA

Zip
32694 Country
ALACHUA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLOYD, DENNIS B
18526 NE 132 AVENUE
GAINESVILLE, FL 32609**

7. Name and Address of New Registered Agent

Name
FLOYD, DENNIS B.
Street Address (P.O. Box Number is Not Acceptable)
14127 NE 138th ST.
City
WALDO FL Zip Code
32694

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 *Dennis Floyd* (NOTE: Registered Agent signature required when reinstating) DATE *4/13/06*

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FLOYD, DENNIS B
18526 NE 132 AVE
GAINESVILLE, FL 32609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FLOYD, DENNIS B
14127 NE 138th ST.
WALDO, FL 32694** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Dennis Floyd* DATE *4/13/06* DAYTIME PHONE # *(352) 283-9650*