


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.

3. Mailing Address
14127 NE 138th ST.

Suite, Apt. #, etc.

City & State
WALDO FL

City & State
WALDO FL

Zip
32694

Country
ALACHUA

Zip
32694

Country
ALACHUA

02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1404818

Applied For
 Not Applicable

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		10. ADDITIONS/CHANGES	
TITLE MGR	FLOYD, DENNIS B <input type="checkbox"/> Delete	TITLE FLOYD, DENNIS B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOYD, DENNIS B	NAME	FLOYD, DENNIS B
STREET ADDRESS	18526 NE 132 AVE	STREET ADDRESS	14127 NE 138 th ST.
CITY-ST-ZIP	GAINESVILLE, FL 32609	CITY-ST-ZIP	WALDO, FL 32694
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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*

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