


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90317 047 ****50.00

| | |
|---|---|
| DOCUMENT # L04000054325 1. Entity Name FLOYD'S PLASTERING, LLC |  |
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|---|---|
| Principal Place of Business 14127 NORTHEAST 138TH STREET WALDO, FL 32694 US | Mailing Address 14127 NORTHEAST 138TH STREET WALDO, FL 32694 US |
|---|---|

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03022007No Chg-LLC

CR2E083 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 20-1404818 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

FLOYD, DENNIS B
14127 NORTHEAST 138TH STREET
WALDO, FL 32694

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FLOYD, DENNIS B 14127 NORTHEAST 138TH STREET WALDO, FL 32694 |
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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 Dennis Floyd 4-16-07 (352) 283-9650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #