


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # L04000055505 1. Entity Name PROCARE DRYWALL, LLC | | | |  | |
| Principal Place of Business 2723 MUIR LANE BONIFAY, FL 32425 | | | Mailing Address 2723 MUIR LANE BONIFAY, FL 32425 | | |
| 2. Principal Place of Business Bonifay 2723 Muir Lane | | 3. Mailing Address 2723 Muir Lane | | | |
| Suite, Apt. #, etc. # | | Suite, Apt. #, etc. | | | |
| City & State Bonifay FL | | City & State Bonifay FL | | | |
| Zip 32425 | | Country Holmes | | Zip 32425 | |
| Country Holmes | | 4. FEI Number 75-3161896 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WARD, SHANE 2723 MUIR LANE BONIFAY, FL 32425 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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>Shane Ward</u> DATE <u>4-18-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WARD, SHANE 2723 MUIR LANE BONIFAY, FL 32425 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | |
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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. | | | | | |
| SIGNATURE: <u>Shane Ward</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>4-18-2005</u> <small>Date Daytime Phone #</small> | | |

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



02182005 Chg-LLC CR2E083 (10/03)

4. FEI Number **75-3161896** Applied For ☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Shane Ward

4-18-2005

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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CITY-ST-ZIP
**MGRM
WARD, SHANE
2723 MUIR LANE
BONIFAY, FL 32425**

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

Date

Daytime Phone #