


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:43

DOCUMENT # L04000059446						
1. Entity Name AMERICA DRYWALL, LLC						
Principal Place of Business 8433 SOUTHSIDE BLVD. 308 JACKSONVILLE, FL 32256 US			Mailing Address 8433 SOUTHSIDE BLVD. 308 JACKSONVILLE, FL 32256 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	08082006 Chg-LLC CR2E083 (11/05)		
4. FEI Number 20-1476231				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
BETANCOURT, GABRIEL 8433 SOUTHSIDE BLVD. 308 JACKSONVILLE, FL 32256			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Amended AR is \$50.00		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BETANCOURT, GABRIEL 8433 SOUTHSIDE BLVD JACKSONVILLE, FL 32256		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BETANCOURT GABRIEL 6102 ALPEN ROSE AVE. JACKSONVILLE FL. 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAVEZ, ILDA P 8433 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAVEZ ILDA P. 6102 ALPEN ROSE AVE. JACKSONVILLE FL. 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAVEZ, ILDA P 8433 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAVEZ ILDA P. 6102 ALPEN ROSE AVE. JACKSONVILLE FL. 32256	
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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: _____						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						
Date _____ Daytime Phone # _____						