

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000060937

1. Entity Name

DRAPE INSTALL, LLC



Principal Place of Business

**2348 SEA ISLAND CIRCLE S
LAKELAND FL 33810**

Mailing Address

**2348 SEA ISLAND CIRCLE S
LAKELAND FL 33810**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1509730

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DULANEY, CHARLES H
2348 SEA ISLAND CIRCLE S
LAKELAND FL 33810**

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

Signature, typed or printed name of registered agent and wife if applicable.

(NOTE: Registered Agent signature required when revalidating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
DULANEY, CHARLES H
2348 SEA ISLAND CIRCLE S
LAKELAND FL 33810** ☐ Delete

☐ Change ☐ Addition
**U000000610662
02/02/07-80028-021 50.00**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE
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NAME
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CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles H. Dulaney

1-21-7

862 855 5686

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

Date

Daytime Phone #