| 1. Entity Nar | | 087 | | | May 02, 2 Secreta | 007 08:00 ry of State |
|---|--|--|---|---|--|--|
| JEFF BL | ACKBURN DRYWALL LC | | | | | |
| Principal Pla | ce of Businoss | Mailing Address | | | - | |
| 230 MIDDL QUINCY FI | LE CREEK RD L 32351 | 230 MIDDLE CREEK QUINCY FL 32351 | (RD | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | , I TRANDUL ANI ARIM ANDI ARIM DOMI DUNI DUNI DUNI DUNI MUNI MUNI DUNI TRADUL MUTURA | | |
| Suite, Apt. #, etc. | | Suile, Apt #, etc. | | 1st MOORE CR2E083 | (10/06) | |
| City & Sta | le | City & State | | | 4. FEI Number 14-1932020 | Applied For Not Applicable |
| Zip | Country | Zip | Country | y | 5. Cortilicate of Status Desired | 5.00 Additional |
| | 6. Name and Address of Currer | nt Registered Agent | | Name | 7. Name and Address of New Registered A | |
| BLACKBURN, JEFF 230 MIDDLE CREEK RD QUINCY FL 32351 | | Stroot Add | | | FL Zip Code | |
| | | | | City | | |
| | | | | | | mailing with an at a same t |
| The above the obligation | e namod entity submits this statement tions of registered agent. | for the purpose of changing | its rogistered | l office or register | red agent, or both, in the State of Florida. I am fa | amiliar with, and accept |
| the obliga | tlions of registered agent, | | | I Office or register | | miliar win, and accept |
| the obliga | e namod entity submits this statement lions of rogistorod agent. Signature, typed or printed name of registered age | nt and title if applicable. (No FILE 1 Make Check Paya | DTE: Registered A | Agent signature required EE IS \$50.00 ida Departmer | when reinstaung) DATE | imiliar win, and accept |
| the obliga SIGNATURE 9. | Itions of rogistorod agent. Signature, typed or printed name of registered age MANAGING MEME | nt and ble # applicable. (No FILE Make Check Paya D BERS/MANAGERS | DTE: Registered A NOW!!! FE ble to Flori ue By May 10. | Agent signature required EE IS \$50.00 ida Departmer | DATE | |
| the obliga | MANAGING MEME BLACKBURN, JEF 230 MIDDLE CREEK RD | nt and ble if applicable. (No FILE N Make Check Paya | OTE: Registered A NOW!!! FE ble to Flori ue By May 10. Tille NAME | Agent s gnature required EE 1S \$50.00 ida Departmer 1, 2007 | ADDITIONS/CHANGES | Change Addition |
| the obliga SIGNATURE 9. 11/102 SIRICI ADDRESS CITY - SI - ZIP TITLE NAME SIRICI ADDRESS | Itions of rogistorod agent. Signature, typed or printed name of registered age MANAGING MEME MGRM BLACKBURN, JEF | nt and ble # applicable. (No FILE Make Check Paya D BERS/MANAGERS | DTE: Registered A NOW!!! FE ble to Flori ue By May 10. IIILE NAME SIRFEI CITY-SI IIILE NAME SIREEL | Agent signature required EE IS \$50.00 ida Departmer 1, 2007 ADDRESS I-7IP | ADDITIONS/CHANGES | Change Addition |
| the obliga SIGNATURE 9. 11/LE NAME SIRE[] ADDRESS CITY-ST-ZIP TILLE NAME | MANAGING MEME BLACKBURN, JEF 230 MIDDLE CREEK RD | nt and title if applicable. (NY FILE 1 Make Check Paya 3ERS/MANAGERS | DTE: Registered A NOW!!! FE ble to Flori ue By May 10. Tille NAME SIRTET CITY-SI UTLE NAME STRELL CITY-SI UTLE NAME | Agent signature required EE IS \$50.00 ida Departmen 1, 2007 AODRESS I-7IP ADDRESS I-2IP | Int of State DATE ADDITIONS/CHANGES U00000757281 U07/23/07-80064-01 U00000757281 | Change Addition |
| the obliga SIGNATURE 9. 11[ItE NAME SIRIEI ADDRESS CITY-SI-ZIP 11[IE NAME SIRIEI ADDRESS CITY-SI-ZIP 11[IF NAME SIRIEI ADDRESS | MANAGING MEME BLACKBURN, JEF 230 MIDDLE CREEK RD | nt and bile if applicable. (NG FILE Make Check Paya D BERS/MANAGERS Delete | DTE: Registered A NOW!!! FE ble to Flor ue By May 10, 110, 111LE NAME STREET, CITY-ST 111LE NAME STREET, CITY-ST 111LE NAME | Agent signature required EE IS \$50.00 ida Departmen 1, 2007 ADDRESS 1-70 ADDRESS 1-20 ADDRESS 1-20 ADDRESS 1-20 ADDRESS | when reinstating) DATE nt of State | Change Addition 1 55.00 Change Addition |
| the obliga SIGNATURE 9. 11/1/2 SIRET ADDRESS CITY-ST-ZIP 11/1/2 SIREET ADDRESS CITY-ST-ZIP 11/1/2 SIREET ADDRESS SIREET ADDRESS | MANAGING MEME BLACKBURN, JEF 230 MIDDLE CREEK RD | nt and title if applicable. (NY FILE f Make Check Paya D BERS/MANAGERS Delete Delete Delete Delete | DTE: Registered A NOW!!! FE ble to Flori ue By May 10. IIILE NAME SIRFEI CITY-SI UTU: NAME SIREEL CITY-SI UTU: NAME SIREEL CITY-SI UTU: NAME SIREEL CITY-SI UTU: NAME | Agent & gnature required EE IS \$50.00 ida Department 1, 2007 ADDRESS 1- 21P ADDRESS 1- 21P ADDRESS 1- 21P ADDRESS 1- 21P ADDRESS 1- 21P | when reinstating) DATE At of State ADDITIONS/CHANGES U00000757281 05/23/07-8006401 | Change Addition Addition Change Addition Change Addition Change Addition |