

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90132 019 ****55.00

DOCUMENT # L04000073499

1. Entity Name

FRANK'S DRYWALL, LLC



Principal Place of Business

665 MALAGA PLACE
PANAMA CITY BEACH FL 32413

Mailing Address

665 MALAGA PLACE
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

665 MALAGA PLACE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

City & State

Zip

32413

Country

FLA

Zip

Country

FLA

4. FEI Number

76-0767628

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARLING, WILLIE FRANK
665 MALAGA PLACE
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name

None

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME STARLING, WILLIE FRANK
STREET ADDRESS 665 MALAGA PLACE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE MGRM ☐ Delete
NAME STARLING, RONALD JASON
STREET ADDRESS 4405 BRANNON ROAD
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE MGRM ☐ Delete
NAME STARLING, JAMES WESLEY
STREET ADDRESS 501 PADDOCK CLUB DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Frank Starling*

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

5-19-05

Date

Daytime Phone #