

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075302

1. Entity Name
FRENCHYS STUCCO AND DESIGN, LLC



Principal Place of Business

**210 KING RD
WINTER HAVEN, FL 33880**

Mailing Address

**210 KING RD
WINTER HAVEN, FL 33880**

DO NOT WRITE IN THIS SPACE



04152006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number
30-0278504

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARC, PLASSE R
210 KING RD
WINTER HAVEN, FL 33880**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000518421
05/02/06-80010-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARC, PLASSE R
210 KING RD
WINTER HAVEN, FL 33880**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-17-06