

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90037 046 ****50.00

DOCUMENT # L04000077538

1. Entity Name

FRAMING & SHEETROCK LLC



Principal Place of Business

9032 BURR DRIVE
POLK CITY FL 33868

Mailing Address

9032 BURR DRIVE
POLK CITY FL 33868

2. Principal Place of Business

3. Mailing Address

P.O. Box 746

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake At Fred FL

Zip

Country

Zip

33850

Country

Polk

4. FEI Number

20-1821860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVARADO, MARGARET
9032 BURR DRIVE
POLK CITY FL 33868

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ALVARADO, JOSE INES
STREET ADDRESS 9032 BURR DR.
CITY-ST-ZIP POLK CITY FL 33868

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

TITLE MGRM ☐ Delete
NAME FIGUEROA, RENE ALBERTO
STREET ADDRESS 4026 CARTER COURT
CITY-ST-ZIP POLK CITY FL 33868

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

TITLE MGRM ☐ Delete
NAME ALVARADO, MARGARET
STREET ADDRESS 9032 BURR DRIVE
CITY-ST-ZIP POLK CITY FL 33868

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Margaret Alvarado*

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

4-3-06 (863) 528-3451

Date

Daytime Phone #