

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90014 031 ***138.75

DOCUMENT # L04000079744

1. Entity Name

LAKE CITY DRYWALL, LLC



Principal Place of Business

234 SW SWEET GUM GLEN
LAKE CITY FL 32024
US

Mailing Address

234 SW SWEET GUM GLEN
LAKE CITY FL 32024
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1888136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

URIESTE, DAVID A
591 SW BOZEMAN COURT
LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name

Jesse Ercoli

Street Address (P.O. Box Number is Not Acceptable)

234 SW Sweet Gum Glen

City

Lake City

FL

Zip Code

32024

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]

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

(NOTE: Registered Agent's signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ERCOLI, JESSE N
STREET ADDRESS 234 SW SWEET GUM GLEN
CITY-ST-ZIP LAKE CITY FL 32024

TITLE MGRM ☐ Delete
NAME NESSMITH, DUSTIN E
STREET ADDRESS 1065 NW EVERETT TER.
CITY-ST-ZIP WHITE SPRINGS FL 32096

TITLE URIESTE DAVID ☒ Delete
NAME 591 SW Bozeman Court
STREET ADDRESS Lake City, FL 32024
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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:

[Signature]

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

5/1/08 384 6979273

Date

Daytime Phone #