

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086408

Entity Name: ARAGON DRYWALL, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

2421 MT. PLEASANT RD.
QUINCY, FL 32352

New Principal Place of Business:

Current Mailing Address:

2421 MT. PLEASANT RD
QUINCY, FL 32352

New Mailing Address:

FEI Number: 32-0145736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAGON, JOSE W
2421 MT. PLEASANT RD
QUINCY, FL 32352 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARAGON, JOSE W
Address: 2421 MT. PLEASANT RD
City-St-Zip: QUINCY, FL 32352

Title: MGRM () Delete
Name: ARAGON, PEDRO A
Address: 2037 OSCEOLA STREET
City-St-Zip: QUINCY, FL 32351

Title: MGRM () Delete
Name: ARAGON, ANGELINA
Address: 2421 MT. PLEASANT RD.
City-St-Zip: QUINCY, FL 32352

Title: MGRM () Delete
Name: ARAGON, GILBERTO
Address: 2037 OSCEOLA STREET
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE ARAGON

MGRM

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date