


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90087 044 \*\*\*\*50.00

<b>DOCUMENT # L04000086410</b> 1. Entity Name <b>ROMELL'S DRYWALL LLC</b>					
Principal Place of Business <b>2421 TANGLEWOOD STREET LAKELAND FL 33801</b>				Mailing Address <b>2421 TANGLEWOOD STREET LAKELAND FL 33801</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>843 S. LAKE STARR BLVD.</b> <b>LAKE WALES, FLA.</b> <b>33898 POLK</b> City & State Zip		4. FEI Number <b>20-1969712</b> Applied For <input type="checkbox"/> Not Applicable	
Country Zip		Country Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHANEY, ROMELL 2421 TANGLEWOOD STREET LAKELAND FL 33801</b>				7. Name and Address of New Registered Agent Name <b>CHANEY, ROMELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>843 S. LAKE STARR BLVD.</b> City <b>LAKE WALES</b> <b>FL</b> Zip Code <b>33898</b>	
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 <u><b>ROMELL'S DRYWALL LLC</b></u> DATE <u><b>4/25/05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete <b>CHANEY, ROMELL</b> <b>2421 TANGLEWOOD STREET</b> <b>LAKELAND FL 33801</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><b>Romell Chaney</b></u> <b>ROMELL CHANEY</b> DATE <u><b>4/25/05</b></u> (863) <b>661-0916</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>					