2007 LIMITED LIABILITY COMPANY

## Mar 02, 2007 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # L05000004139 1. Entity Name 02-05-2007 90195 020 \*\*\*\*50.00 YORK STUCCO LLC Principal Place of Business Mailing Address 1026 31ST NW 1026 31ST NW WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-2205559 Not Applicable Zip Country Žίο Country \$5.00 Additional 5. Certificate of Status Dosired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YORK, PAT Street Address (P.O. Box Number is Not Acceptable) 1026 31ST NW WINTER HAVEN FL 33881 Zip Code 8. The above named entity submits this statement for the ourpose 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, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature reduced when reinstalling) CALL FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. . MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HILF MGRM □ Delete TITLE Change Addition NAME YORK, JAMES NAM STREET ADDRESS 1026 31ST NW STREET ADDRESS CITY SI-7IP WINTER HAVEN FL 33881 CITY-ST-ZIP HILL Delete SHEE Change ☐ Addition NAME SIREFI ADORESS STREET ADORESS CITY-SI-ZIP CITY SI-78P Detete IHTLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 Delete THE ☐ Change ■ Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CHY-SI-7P CITY-SI-ZIP DRIF ☐ Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZP HIFE Delete ☐ Change □ Addition

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 logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustoe empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

FILED