

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90044 017 ****50.00

DOCUMENT # L05000016287

1. Entity Name
ANGUS MOREE DRYWALL COMPANY, LLC



40102334



Principal Place of Business
**12377 AILANTHUS DRIVE
PENSACOLA, FL 32506**

Mailing Address
**12377 AILANTHUS DRIVE
PENSACOLA, FL 32506**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08282006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2342319

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

**MOREE, ANGUS
12377 AILANTHUS DRIVE
PENSACOLA, FL 32506**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MOREE, ANGUS
12377 AILANTHUS DRIVE
PENSACOLA, FL 32506** ☐ Delete

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

TITLE
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CITY - ST - ZIP
**MGR
MOREE, ANSON
12377 AILANTHUS DRIVE
PENSACOLA, FL 32506** ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Angus Moree

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

8-28-06

Date

Daytime Phone #

(850)

457-3169

ATTACHMENT

40102334

August 28, 2006

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: **Angus Moree Drywall Company, LLC**
L05000016287

To Whom It May Concern:

We spoke with one of your customer service representatives and they advised us to write you a request to reinstate **Angus Moree Drywall Company, LLC**. and to waive the reinstatement fee.

Angus Moree Drywall Company, LLC never received the Annual report reminder. 2005 was our first year in business and we were not aware of the renewal process, therefore, not looking for a postcard reminder. That is the reason why we did not file the report on time.

We ask that you accept this check in the amount of \$50.00 and reinstate the organization.

We appreciate your help and understanding and please, do not hesitate to contact us if you have any questions or concerns about this matter.

Sincerely,



Angus Moree