

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90037 009 ****50.00

DOCUMENT # L05000020142

1. Entity Name
CHARLES INGRAM DRY WALL LLC



Principal Place of Business
402 W HANCOCK STREET
LAKELAND, FL 33803

Mailing Address
402 W HANCOCK STREET
LAKELAND, FL 33803

2. Principal Place of Business
8626 Sunnydale Lane
Suite, Apt. #, etc.

3. Mailing Address
8626 Sunnydale Lane
Suite, Apt. #, etc.



04062006 Chg-LLC CR2E083 (11/05)

City & State
Lakeland, FL
Zip 33809 Country Polk

City & State
Lakeland, FL
Zip 33809 Country Polk

4. FEI Number
59-3798847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, MARTHA
3500 S FLORIDA AVE, SUITE 5
LAKELAND, FL FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 33803

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 May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME INGRAM, CHARLES E ☐ Delete
STREET ADDRESS 402 W HANCOCK ST
CITY-ST-ZIP LAKELAND, FL 33803

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Charles Ingram
STREET ADDRESS 8626 Sunnydale Lane
CITY-ST-ZIP Lakeland, FL 33809

TITLE MGR ☐ Change ☒ Addition
NAME Cipriano Martinez III
STREET ADDRESS 107 E Canal St
CITY-ST-ZIP Mulberry, FL 33860

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

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

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

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

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:

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

Date

Daytime Phone #

4/6/06