

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90213 025 ****50.00

DOCUMENT # L05000021986

1. Entity Name
FLINT'S DRYWALL LLC



Principal Place of Business
**500 S W HERITAGE COURT
LAKE CITY, FL 32024**

Mailing Address
**500 S W HERITAGE COURT
LAKE CITY, FL 32024**



2. Principal Place of Business
Same as Above
Suite, Apt. #, etc.

3. Mailing Address
Same as Above
Suite, Apt. #, etc.

03162006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
59-3404917

Applied For
Not Applicable

Zip Country
Columbia

Zip Country
Columbia

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

**FLINT, LARRY
500 S W HERITAGE COURT
LAKE CITY, FL 32024**

Name **N/A**
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 May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME
**MGR
FLINT, LARRY** ☐ Delete
STREET ADDRESS
500 S W HERITAGE COURT
CITY-ST-ZIP
LAKE CITY, FL 32024

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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 #

(386) 758-3121