2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000021986 1. Entity Name FLINT'S DRYWALL LLC						04-07-2006	5 90213 025 ***	*50.00
Principal Place of Business Mailing Address					<u> </u>		-	
,	RITAGE COURT	500 S W HERITAGE COURT				 .		
LAKE CITY, F		LAKE CITY, FL 32024						
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3 Principal C	Place of Business	3. Mailing Address						
Zymcibai -		50 mg 0	< n1	2000		J BRIGH BAIN BRIN HRIS BRIS	88119	15 8 0.1 111 48 0.1
Suite, Apt.		Sama as above Suite, Apt. #, etc.			00400000	a	00000000 (44/05)	
					03162006 Chg-LLC CR2E083 (11/05)			
City & Stat	te	City & State			4 EEI Numb	er is close	• —	pplied For
					59-3	3464977		ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Ad Fee Require	
	6. Name and Address of Current	Posistered Agent	100 10	mpig	7 Name and	Address of New Re		
	u. Nume and Address of duffett	registered Agent	N	lame .	1.	Addition of them to	<u>g.o.o.</u>	
FLINT, LA	RRY	τ,		<u> </u>	IA			
	IERITAGE COURT	Street Address			P.O. Box Numb	er is Not Acceptable)	, . , .	į
LAKE CIT	Y, FL 32024							
							/	
			C	City			FL Zip Coo	ie
8. The above	e named entity submits this statement for	the purpose of changing it	s registered o	office or register	ed agent, or bo	th, in the State of Flor	ida. I am familiar with	and accept
the obligat	tions of registered agent.							
-SIGNATURE				 				
	Signature, typed or printed name of registered agent a	ON) elosofique hi eltr bri	TE Registeren Age	ent signature required	when reinstating)		DATE	
							4	
Fi	iling Fee is \$50.00 ue by May 1, 2006						check payable to Department of State	e
	ue by may 1, 2000					Figida	Department of other	. [
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADD' QNS/C	CHANGES	
TITLE	MGR	☐ Delete	TITLE			-	☐ Change	☐ Addition
NAME	FLINT, LARRY		NAME					
STREET ADDRESS	500 S W HERITAGE COURT		STREET AL					
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-	ZIP		<u> </u>	<u></u>	
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME	ļ			·	
STREET ADDRESS			STREET AL					
CITY-ST-ZIP			CITY-ST-	ZIP				
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NAME			NAME	DDDCCC				
STREET ADDRESS CITY-ST-ZIP			STREET AL					;
			_				☐ Change	Addition
TITLE		☐ Delete	TITLE				☐ change	- Addition
NAME STREET ADDRESS			STREET AL	DDRESS				
CITY-ST-ZIP			CITY-ST-	ľ		-		
TITLE		Delete	TITLE				Change	Addition
NAME.		☐ Delete	NAME				Shange	
STREET ADDRESS	•		STREET A	DDRESS				
CITY-ST-ZIP			CITY-ST-	l				
TITLE	-	Delete	TITLE			<u> </u>	Change	Addition
NAME		C Delete	NAME					-
STREET ADDRESS	1		STREET A	DORESS				
CITY-ST-ZIP			CITY-ST-					
11 Lhoroby	Learning that the information supplied with	this filing does not qualify f	or the event	tions contained	in Chapter 110). Florida Statutes 1 fo	rther certify that the in	formation
indicated	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or trusted	that my signature shall have	e the same le	gal effect as if r	nade under oa	th; that I am a manag	ing member or mana	ger of the
limited lin								
III III EU II a	ibility company or the receiver or trustee	e empowered to execute the	s report as e	quired by Chap	iter 608, Florida	Statutes.		
IIIIIIEU IId	ability company or the receiver or trustee	e empowered to execute the	s report as re	quired by Chap	oter 608, Florida	,	386 75	

R, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date