

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90034 017 \*\*\*\*50.00

DOCUMENT # L05000024174

1. Entity Name

ANDREW RUNYON DRYWALL "L.L.C."



Principal Place of Business

6526  
5626 SUNRISE DR  
PANAMA CITY FL 32407

Mailing Address

6526  
5626 SUNRISE DR  
PANAMA CITY FL 32407



2. Principal Place of Business

6526 Sunrise Dr.

Suite, Apt. #, etc.

3. Mailing Address

6526 Sunrise Dr.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Panama City FL

Zip  
32407

Country

USA

City & State

Panama City FL

Zip  
32407

Country

USA

4. FEI Number

363662113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

RUNYON, ANDREW  
6526 SUNRISE DR  
PANAMA CITY FL 32407

7. Name and Address of New Registered Agent

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 resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RUNYON, ANDREW  
6526 SUNRISE DR  
PANAMA CITY FL 32407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 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: *Andrew Runyon* Andrew Runyon

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

3-19-06

Date

850-234-6623

Daytime Phone #