

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029344

Entity Name: INFINITY DRYWALL, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

10129 BELLBROOK RD.
MILTON, FL 32583

New Principal Place of Business:

260 W LORRAINE DR.
MARY ESTHER, FL 32569

Current Mailing Address:

10129 BELLBROOK RD.
MILTON, FL 32583

New Mailing Address:

260 W LORRAINE DR.
MARY ESTHER, FL 32569

FEI Number: 37-1507345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMS, JOSH
10129 BELLBROOK RD.
MILTON, FL 32583 US

Name and Address of New Registered Agent:

SIMS, JOSH
260 W LORRAINE DR.
MARY ESTHER, FL 32569 US

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.

SIGNATURE: JOSH SIMS

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMS, JOSH M
Address: 10129 BELLBROOK RD.
City-St-Zip: MILTON, FL 32583

Title: V () Delete
Name: SIMS, SUZANNA M
Address: 10129 BELLBROOK RD.
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMS, JOSH M
Address: 260 W LORRAINE DR.
City-St-Zip: MARY ESTHER, FL 32569

Title: V (X) Change () Addition
Name: SIMS, SUZANNA M
Address: 260 W LORRAINE DR.
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSH SIMS

MGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date