

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90150 048 ****50.00

DOCUMENT # L05000040726

1. Entity Name
LONNIE'S DRYWALL PATCH AND REPAIR SERVICE LLC



Principal Place of Business
**118 KIM STREET
AUBURNDALE, FL 33823**

Mailing Address
**118 KIM STREET
AUBURNDALE, FL 33823**

2. Principal Place of Business - No P.O. Box #
107 Pinetree Lane

3. Mailing Address
107 Pinetree Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Auburndale FL

Auburndale FL

Zip
33823

Country
Polk

Zip
33823

Country
Polk

02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2756271

Applied For
Not Applicable

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

**SHIRAH, LONNIE
118 KIM STREET
AUBURNDALE, FL 33823**

Name
Lonnie Shirah

Street Address (P.O. Box Number is Not Acceptable)
107 Pinetree Lane

City
Auburndale FL Zip Code
33823

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHIRAH, LONNIE
118 KIM STREET
AUBURNDALE, FL 33823** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**107 Pinetree Lane
Auburndale FL 33823** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TRUMAN, JOHN
2406 THOMPSON STREET
AUBURNDALE, FL 33823** ☒ Delete

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

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

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: Lonnie Shirah

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

Date

Daytime Phone #