

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90305 041 ****50.00

DOCUMENT # L05000044704

1. Entity Name

ALL TEXTURE DRYWALL LLC



Principal Place of Business

Mailing Address

114 C BENNING DRIVE
DESTIN FL 32541
US

114 C BENNING DRIVE
DESTIN FL 32541
US

102 ALABAMA STREET

102 ALABAMA STREET

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

3. Mailing Address

SUITE C

SUITE C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CRESTVIEW FL

CRESTVIEW FL

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2794874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

32536

Country

USA

Zip

32536

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FANELLA, NICHOLAS R
434 TANGLEWOOD DRIVE
FORT WALTON BEACH FL 32547

Name

CHANCEY JOE D

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

102 ALABAMA STREET SUITE C

City

CRESTVIEW

FL

Zip Code

32536

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]

JOE D. CHANCEY

(NOTE: Registered Agent signature required when reinstating)

1/3/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHANCEY, JOE D
114 C BENNING DRIVE
DESTIN FL 32541 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHANCEY JOE D
102 ALABAMA STREET SUITE C
CRESTVIEW, FL 32536 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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:

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

JOE D. CHANCEY

1/31/07

Date

1-800-758-8357

Daytime Phone *