


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 12 PM 1:23

<b>DOCUMENT # L05000047780</b> 1. Entity Name <b>TRENT DRYWALL LLC</b>					
Principal Place of Business <del>88 CLAUDE WHIDDEN DR.</del> <del>QUINCY, FL 32352</del>			Mailing Address <b>1307 DAWSON RD</b> <b>TALLAHASSEE, FL 32305</b>		
2. Principal Place of Business - No P.O. Box # <b>1307 Dawson Rd</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Tallahassee FL</b>		City & State			
Zip <b>32305</b>		Country		4. FEI Number 05122008 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NORTON, HARRY T</b> <del>88 CLAUDE WHIDDEN DR.</del> <del>QUINCY, FL 32352</del>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1307 Dawson Rd</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32305</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>NORTON, HARRY T</b> <del>88 CLAUDE WHIDDEN DR.</del> <del>QUINCY, FL 32352</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1307 Dawson Rd</b> <b>Tallahassee FL 32305</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u><i>Harry T. Norton</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	