

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90039 010 ****55.00

DOCUMENT # L05000051407

1. Entity Name

LAST AMERICAN DRYWALL SERVICE, L.L.C.



Principal Place of Business

**580 B PINEY PT. RD.
FREEPORT FL 32439**

Mailing Address

**580 B PINEY PT. RD.
FREEPORT FL 32439**



2. Principal Place of Business

**490 Piney Point Rd.
Suite, Apt. #, etc.
Freeport, FL**

3. Mailing Address

**490 Piney Pt. Rd.
City & State
Freeport, FL**

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

202926857

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip
32439

Country
WAKTON

Zip
32439

Country
WAKTON

6. Name and Address of Current Registered Agent

**STEPHENS, GREGORY D
580 B PINEY PT. RD.
FREEPORT FL 32439**

7. Name and Address of New Registered Agent

Name **Gregory D. Stephens**
Street Address (P.O. Box Number is Not Acceptable)
490 Piney Point Rd.
City **Freeport** FL Zip Code **32439**

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

Gregory D. Stephens

(NOTE: Registered Agent signature required when reinstating)

4/28/06

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 **MGR** ☒ Delete
NAME **STEPHENS, GREGORY D**
STREET ADDRESS **580 B PINEY PT. RD.**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR.** ☒ Change ☐ Addition
NAME **Gregory D. Stephens**
STREET ADDRESS **490 Piney Point Rd.**
CITY-ST-ZIP **Freeport FL**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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: Gregory D. Stephens

Gregory D. Stephens

4-28-06

628-9549

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

Date

Daytime Phone #