

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90065 031 ***138.75

DOCUMENT # L05000055785

Entity Name
UGAR SAND STUCCO, LLC



Place of Business Mailing Address

2500 MINNESOTA AVENUE
 SUITE C
 LYNN HAVEN, FL 32444 US

Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

City & State City & State

Country Zip Country



09022008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-2956994 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YESELEVIGE, ROBERT
 1515 EAST PARK ROAD
 PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent

Name *Thelma L. Yeselevige*

Street Address (P.O. Box Number is Not Acceptable)
1515 EAST PARK RD

City *PANAMA CITY* FL Zip Code *32404*

I, the 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: *Thelma L. Yeselevige* (NOTE: Registered Agent signature required when reinstating) DATE: *8/25/08*

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
MGRM YESELEVIGE, ROBERT 1515 EAST PARK ROAD PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM YESELEVIGE, THELMA 1515 EAST PARK ROAD PANAMA CITY, FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 reported 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: *Thelma L. Yeselevige* 8/25/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #