

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056053

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** GULFCOAST DRYWALL, LLC

**Current Principal Place of Business:**

257 INDIGO BAY CIRCLE  
MT. PLEASANT, SC 29464

**New Principal Place of Business:**

**Current Mailing Address:**

257 INDIGO BAY CIRCLE  
MT. PLEASANT, SC 29464

**New Mailing Address:**

PO BOX 148  
MT. PLEASANT, SC 29465

FEI Number: 20-2895793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SELIGMAN, JASON  
2058 PINE RANCH DR  
NAVARRE, FL 32566Z US

**Name and Address of New Registered Agent:**

SELIGMAN, JASON  
2058 PINE RANCH DRIVE  
NAVARRE, FL 32566Z US

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.

SIGNATURE: JASON D. SELIGMAN

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SELIGMAN, JASON  
Address: 257 INDIGO BAY CIRCLE  
City-St-Zip: MT. PLEASANT, SC 29464

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON D. SELIGMAN

MBR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date