

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90035 041 \*\*\*\*50.00

**DOCUMENT # L05000070761**

1. Entity Name  
D.W.B. BUILDING SERVICES, "LLC".



Principal Place of Business  
2064 LYNX RUN  
NORTHPORT, FL 34288

Mailing Address  
2064 LYNX RUN  
NORTHPORT, FL 34288



2. Principal Place of Business

1368 S. Harborland Blvd

3. Mailing Address

2150-12 Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 155

City & State

North Port, FL

City & State

Port Charlotte, FL

Zip

34288

Country

San Marino

Zip

33948

Country

03092006 Chg-LLC CR2E083 (11/05)

4. FEI Number

71-0987104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, RICHARD A SR.  
2064 LYNX RUN  
NORTHPORT, FL 34288

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

Richard A Walters

(NOTE: Registered Agent signature required when reappointing)

3-19-06

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME WALTERS, RICHARD A JR.  
STREET ADDRESS 2064 LYNX RUN  
CITY-ST-ZIP NORTHPORT, FL 34288

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Walters, Richard A Jr.  
STREET ADDRESS 2150-12 Tamiami Tr Box 155  
CITY-ST-ZIP Pt. Charlotte, FL 33948

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

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

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

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.

SIGNATURE:

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

Richard A. Walters Jr

3-19-06

Date

941-408-3817

Daytime Phone #