

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000070939

1. Entity Name

ISLAND COAST DRYWALL AND STUCCO, LLC



Principal Place of Business

17431 ALICO CENTER RD.
UNIT 3
FORT MYERS, FL 33912

Mailing Address

17431 ALICO CENTER RD.
UNIT 3
FORT MYERS, FL 33912



01222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

47-0957325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUMANN, RAYMOND L
27200 RIVERVIEW CENTER BLVD.
SUITE 103
BONITA SPRINGS, FL 34134

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BROWN, WILLIAM A
STREET ADDRESS 17431 ALICO CENTER RD., UNIT 3
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE MGRM
NAME LAYNE, KENNY E
STREET ADDRESS 17431 ALICO CENTER RD.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE MGRM
NAME WHITE, J. DAVID
STREET ADDRESS 17431 ALICO CENTER RD.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE MGRM
NAME BUCK, RICKY A
STREET ADDRESS 17431 ALICO CENTER RD.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000801158
02/01/08-80007-016 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(239)

✓ 334-9255