

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 SEP -5 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1259747 Applied For Not Applicable

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

DOCUMENT # L05000089451

1. Entity Name
JAMES HAWKINS DRYWALL L.L.C.



Principal Place of Business
10112 GREEN FOUNTAIN RD
WOODVILLE, FL 32305

Mailing Address
10112 GREEN FOUNTAIN RD
WOODVILLE, FL 32305

2004 Bradford Ct APT A

2. Principal Place of Business
Suite, Apt. #, etc.
Tallahassee

3. Mailing Address
Suite, Apt. #, etc.
SAME

City & State
FL

Zip
32303

Country
LEON

6. Name and Address of Current Registered Agent

LEE, CASEY R
124 S. FRANKLIN BLVD.
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAWKINS, JAMES 10112 GREEN FOUNTAIN RD WOODVILLE, FL 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2004 Bradford Ct APT A Tallahassee FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100079728121 09/12/06--01060--008 **50.00
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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: _____ Date 9/5/06 (850) 294-4156

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