

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097103

Entity Name: J. J. Y. DRYWALL, LLC

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

3810 RIVER HILLS DR.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

3810 RIVER HILLS DR.
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-3559986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOPEZ, JUAN J
3810 RIVER HILLS DR.
TAMPA, FL 33604 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ, JUAN J
Address: 3810 RIVER HILLS DR.
City-St-Zip: TAMPA, FL 33604

Title: MGRM () Delete
Name: BECERRA, JOSE G
Address: 9208 RONN ST.
City-St-Zip: RIVERVIEW, FL 33578

Title: MGRM () Delete
Name: BECERRA, EPIFANIA
Address: 9207 RONN ST.
City-St-Zip: RIVERVIEW, FL 33578

ADDITIONS/CHANGES:

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

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

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: JUAN J LOPEZ

MGR

07/08/2008

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