2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000099882

1. Entity Name A-OK DRYWALL LLC

FILED Jan 09, 2006 8:00 am Secretary of State 01-09-2006 90049 014 ****50.00

Principal Plac	e of Business	Mailing Address								
1516 KILLRUSH DRIVE ORMOND BEACH, FL 32174		1516 KILLRUSH DRIVE ORMOND BEACH, FL 32174				20000069				
<i>-</i> .	Mace of Business WE AS ABOUE	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042006	Cha II C	CDOCO	00 (44(05)		
						Chg-LLC	CRZEU	B3 (11/05)		
City & State		City & State		4. FEI Numb	er er		 	plied For at Applicable		
Zip	Country	Zip	Zip Cour		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent	<u> </u>	1	7. Name and	Address of New I			<u> </u>	
				Name						
1516 KILL	, JEFFERY RUSH DRIVE		Street Addr		ress (P.O. Box Numb	er is Not Acceptable	le)			
ORMOND	BEACH, FL 32174				<u> </u>					
			City				FL	Zip Code	9	
	named entity submits this statement for	or the purpose of changing it	s register	ed office or reg	gistered agent, or bo	th, in the State of F	orida. 1 am f	amiliar with,	and accept	
the obligat	tions of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if englished (NO	TC: Canistan	d Annat singabura	equired when reinstating)		DATE			
	Signature, typed or princed realize of registered agent	and the it approxime. (140	TC, NOUNDE	o Agent signature in	edonen wien i seketetnik		DATE		·······	
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
9. MANAGING MEMBE		IS/MANAGERS 10.			ADDITIONS/CHANGES					
TITLE	MGR	☐ Delete	TITE	E				Change	Addition	
NAME	WATKINS, JEFFERY		NAM							
STREET ADDRESS CITY+ST+ZIP	1516 KILLRUSH DRIVE			ET ADDRESS						
	ORMOND BEACH, FL 32174								FT 4.400-	
TITLE NAME		Delete	TITL	- I				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		□ Delete	ŤΙΠL	E				Change	☐ Addition	
NAME		_ 5000	NAM							
STREET ADDRESS	-		STRI	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	τm	E			-	☐ Change	Addition	
NAME			NAM	IE						
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP	<u> </u>		CITY	-\$T-ZIP						
TITLE		☐ Delete	TITL	I .				Change	Addition	
NAME			NAM							
STREET ADDRESS	i .		ISTRI I	ET ADDRESS						

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

1-4-06

Daytime Phone #

☐ Change

☐ Addition