

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106437

FILED
Sep 01, 2006
Secretary of State

Entity Name: RONNIE HART DRYWALL, LLC

Current Principal Place of Business:

8813 NORTH PALAFOX
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

8813 NORTH PALAFOX
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

LISTER, JEFFREY R
1993 NORTH ROBERTS CIRCLE
PENSACOLA, FL 32534 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: P () Delete
Name: HART, RONNIE
Address: 8813 NORTH PALAFOX
City-St-Zip: PENSACOLA, FL 32534

Title: VP () Delete
Name: CURTIS, RALPH
Address: 5405 ALABAMA STREET
City-St-Zip: MILTON, FL 32583

Title: VP () Delete
Name: MCCROBIE, KENNETH
Address: 6255 TRENT STREET
City-St-Zip: PENSACOLA, FL 32503

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 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: RONNIE HART

MGR

09/01/2006

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