FILED
Jun 14, 2007 8:00 am
Secretary of State
05-08-2007 90117 002 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/8/200

DOCUMENT # L05000115854

1. Entity Name
HORACE BRAZZLE DRYWALDING & PLASTERING, LLC

Principal Place of Business	Mailing Address
23645 NW 178TH PLACE HIGH SPRINGS, FL 32655	23645 NW 178TH PLACE HIGH SPRINGS, FL 32655

DO NOT WRITE IN THIS SPACE

01072007No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2546763

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRAZZLE, HORACE
23645 NW 178TH PLACE
HIGH SPRINGS, FL 32655

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRAZZLE, HORACE N
STREET ADDRESS	23645 NW 178TH PLACE
CITY-ST-ZIP	HIGH SPRINGS, FL 32655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Horace Brazzle 6/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #