## **2008 LIMITED LIABILITY COMPANY**

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## Jan 14, 2008 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # L06000008673** 01-14-2008 90041 012 \*\*\*150.00 1. Entity Name **GARY REEVES DRYWALL LLC** Principal Place of Business Mailing Address 60001115 2520 N RONALD REAGAN BLVD 2520 N RONALD REAGAN BLVD **STE 148** STE 148 LONGWOOD, FL 32750 LONGWOOD, FL 32750 CR2E083 (12/07) 01032008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4284971 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REEVES, GARY 701 MAGNOLIA ST NEW SMYRNA BEACH, FL 32169 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. Possidant ~ FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE REEVES, GARY NAME 701 MAGNOLIA ST STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS

FILED

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.

Gary Reeves SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE <u> 4 07 339-355</u> #