

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-23-2007 90172 001 ****50.00
L06000030348

FILED

2007 APR 24 A 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02262007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000030348			
1. Entity Name REGGIE'S PLASTERING LLC			
Principal Place of Business 371 BENT OAK DR PORT ORANGE, FL 32127 US		Mailing Address P O BOX 290633 PORT ORANGE, FL 32129 US	
2. Principal Place of Business - No P.O. Box # 371 BENT OAK DR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, State Port Orange, FL		City & State	
Zip 32127	Country US	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, BETTY A 371 BENT OAK DR PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name: Reginald L. Johnson Street Address (P.O. Box Number is Not Acceptable): 371 Bent Oak Dr Port Orange FL 32127	
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: 2-28-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: Reginald Johnson STREET ADDRESS: 371 Bent Oak Dr CITY-ST-ZIP: Port Orange FL 32127 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:		DATE: 2-28-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	