

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040952

FILED
Aug 25, 2009
Secretary of State

Entity Name: CARLOS A HERNANDEZ DRYWALL LLC

Current Principal Place of Business:

467 HOLLY CIRCLE
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

467 HOLLY CIRCLE
QUINCY, FL 32351

New Mailing Address:

FEI Number: 20-4725001 FEI Number Applied For () 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:

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: HERNANDEZ, CARLOS A
Address: 467 HOLLY CIRCLE
City-St-Zip: QUINCY, FL 32351

Title: MGRM () Delete
Name: MENJIVAR, JHONNY
Address: 467 HOLLY CIRCLE
City-St-Zip: QUINCY, FL 32351

Title: MGRM () Delete
Name: RIVERA, CARLOS
Address: 467 HOLLY CIRCLE
City-St-Zip: QUINCY, FL 32351

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 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: CARLOS A HERNANDEZ

MGRM

08/25/2009

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