


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90007 026 ***138.75

DOCUMENT # L06000048715			
1. Entity Name JCC DRYWALL, LLC		Principal Place of Business 10919 N EDISON AVENUE TAMPA, FL 33612	
Mailing Address 10919 N EDISON AVENUE TAMPA, FL 33612		2. Principal Place of Business - No P.O. Box # 201 DEL RIO DR.	
3. Mailing Address 201 DEL RIO DR.		Suite, Apt. #, etc.	
City & State QUINCY FL		City & State QUINCY FL	
Zip 32351		Country Gadsden	
4. FEI Number 20-0438702		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AVELAR, CELVIN I 10919 N EDISON AVENUE TAMPA, FL 33612		7. Name and Address of New Registered Agent Name: AVELAR, CELVIN Street Address (P.O. Box Number, Not Acceptable): 201 DEL RIO DRIVE City: QUINCY FL Zip Code: 32351	
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: <u>Celvin Avelar</u> DATE: <u>4/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVELAR, CELVIN I 10919 N EDISON AVENUE TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVELAR, CELVIN 201 DEL RIO DRIVE QUINCY, FL 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVELAR, DAVID A 10919 N EDISON AVENUE TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVELAR, DAVID A. 201 DEL RIO DRIVE QUINCY, FL 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVELAR, FREDY E 10919 N EDISON AVENUE TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVELAR, FREDY E. 201 DEL RIO DRIVE QUINCY, FL 32351 <input checked="" 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
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
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: <u>Celvin Avelar</u>		Date: <u>4/24/08</u> (813) 433-7194	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone</small>	