

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050002

Entity Name: POWER DRYWALL LLC

FILED
May 18, 2009
Secretary of State

Current Principal Place of Business:

3283 HALL ROAD SE
PALM BAY, FL 32909 US

New Principal Place of Business:

2698 FLINTSTONE AVENUE SE
PALM BAY, FL 329098954 US

Current Mailing Address:

3283 HALL ROAD SE
PALM BAY, FL 32909 US

New Mailing Address:

2698 FLINTSTONE AVENUE SE
PALM BAY, FL 329098954 US

FEI Number: 20-4871507 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:

BRUNN, FRANK
407 EAST NEW HAVEN AVENUE
MELBOURNE, FL 329014507 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: MGR () Delete
Name: CASTAN, ELID
Address: 3283 HALL ROAD SE
City-St-Zip: PALM BAY, FL 32909 US

Title: MGR (X) Delete
Name: NAHON, DEBORAH
Address: 3283 HALL ROAD SE
City-St-Zip: PALM BAY, FL 32909 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CASTAN, ELID
Address: 2698 FLINTSTONE AVENUE SE
City-St-Zip: PALM BAY, FL 329098954 US

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: FRANK BRUNN

RA

05/18/2009

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