

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 09, 2007 8:00 am
Secretary of State

01-29-2007 90143 024 ****50.00

DOCUMENT # L06000068430 1. Entity Name J C DRYWALL HANGERS LLC					
Principal Place of Business 420 BYRD ST. LAKELAND, FL 33809			Mailing Address 420 BYRD ST. LAKELAND, FL 33809		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 20-3180182	
City & State Zip Country		City & State Zip Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DELATORRE, OLGA 420 BYRD ST. LAKELAND, FL 33809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when withdrawing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARRILLO, J. GUADALUPE 420 BYRD ST. LAKELAND, FL 33809	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR-MGR, M Eberardo Carrillo 420 Byrd Street Lakeland, FL 33809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE: <u>X J. Guadalupe Carrillo</u> Date: <u>Jan 23, 2007</u> 559-3570					