

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072254

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: M & M DRYWALL & INSULATION, L.L.C.

**Current Principal Place of Business:**

18505 SW 104 AVE STE 1  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

18505 SW 104 AVE STE 1  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 20-5232153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORTUONDO, FERNANDO J ESQ  
2121 PONCE DE LEON BLVD STE 600  
CORAL GABLES, FL 33134 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: ISAAC, JAIRO  
Address: 2030 DOUGLAS ROAD STE 11  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: TORRES, MIGUEL ANGEL  
Address: 18505 SW 104 AVE STE 1  
City-St-Zip: MIAMI, FL 33157

Title: MGRM ( ) Delete  
Name: DIAZ, ALFONSO  
Address: 95 SOUTH PROSPECT DR  
City-St-Zip: CORAL GABLES, FL 33133

**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: JAIRO ISAAC

MGRM

04/27/2007

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