

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 07, 2007 8:00 am
Secretary of State

DOCUMENT # L06000072794

1. Entity Name

R-N-R DRYWALL & STUCCO, LLC



Principal Place of Business

13507 5TH AVENUE NE
BRADENTON FL 34212

Mailing Address

13507 5TH AVENUE NE
BRADENTON FL 34212

2. Principal Place of Business - No P.O. Box #

4408 SWORDFISH DRIVE
Suite, Apt. #, etc.

3. Mailing Address

4654 SR 64 EAST #246
Suite, Apt. #, etc.



2nd MOORE

CR2E083 (4/07)

City & State

BRADENTON FL 34208

City & State

BRADENTON FL 34208

4. FEI Number

20-5228397

Applied For

Not Applicable

Zip

34208

Country

MANATEE

Zip

34208

Country

MANATEE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUNCOAST ACCOUNTING & TAX SERVICE
1121 9TH STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

RANDY HOYT

Street Address (P.O. Box Numbers Not Acceptable)

13507 5TH AVE NE

City

BRADENTON

FL

Zip Code

34212

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

Randy Hoyt

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/26/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HOYT, RANDY
STREET ADDRESS 13507 5TH AVENUE NE
CITY-ST-ZIP BRADENTON FL 34212

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Randy Hoyt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

741-962-5127