

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000081018

1. Entity Name
WUNDERLICH DRYWALL, LLC



Principal Place of Business
4435 TOUCHON RD E
APT 525
JACKSONVILLE, FL 32246 US

Mailing Address
4435 TOUCHON RD E
APT 525
JACKSONVILLE, FL 32246 US



2. Principal Place of Business - No P.O. Box #
10521 Glasson Glen Ct

3. Mailing Address
10521 Glasson Glen Ct

05072008 Chg-LLC CR2E083 (12/06)

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32256

Country
USA

Zip
32256

Country
USA

4. FEI Number
20-5383412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WUNDERLICH, JOHN F
4435 TOUCHON RD E
APT 525
JACKSONVILLE, FL FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
WUNDERLICH, JOHN F
4435 TOUCHON RD E, APT 525
JACKSONVILLE, FL 32246

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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REINSTATEMENT 2008

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

10521 Glasson Glen Ct
Jacksonville FL 32256

TITLE
NAME
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☐ 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

May 07, 08 904-422-3634

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2008 OCT - 3 A 11:42
FILED