

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90082 022 ***138.75

DOCUMENT # L06000091577					
1. Entity Name HARDROCK DRYWALL L.L.C.					
Principal Place of Business 30 OAKMONT DR. CRAWFORDVILLE, FL 32327			Mailing Address 30 OAKMONT DR. CRAWFORDVILLE, FL 32327		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent BRUMBLEY, ALFRED R JR. 30 OAKMONT DR. CRAWFORDVILLE, FL 32327				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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRUMBLEY, ALFRED R JR 30 OAKMONT DR. CRAWFORDVILLE, FL 32327	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	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: <i>Alfred R. Brumbley Jr.</i> <i>Alfred R. Brumbley Jr.</i> <i>4-28-08</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					