FILED
Jun 15, 2007 8:00 am
Secretary of State

05-15-2007 90150 009 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000098256

1. Entity Name
DD DRYWALL,LLC

300100946

01182007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
270 WALKER AVE PALATKA, FL 32177 US	PO BOX 522 INTERLACHEN, FL 32148 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
270 Walker Ave	P.O. Box 522
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollister, Fla.	City & State: Interlachen, Fla.
Zip: 32147 Country: Putnam	Zip: 32148 Country: putnam

4. FEI Number: 363566239 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOANE, DOUGLAS W 270 WALKER AVE PALATKA, FL	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: D.D Drywall Douglas W Doane
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOANE, DOUGLAS W 270 WALKER AVE PALATKA, FL 32177	☐ 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 608, Florida Statutes.

SIGNATURE: Douglas W Doane 6-11-07 386-937-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #