

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

03-24-2008 90240 041 ***138.75

DOCUMENT # L07000032493 1. Entity Name GERALD HANSEN PLASTERING LLC																																			
Principal Place of Business 722 CAMILLA ST E LEHIGH ACRES, FL 33936		Mailing Address 722 CAMILLA ST E LEHIGH ACRES, FL 33936																																	
2. Principal Place of Business - No P.O. Box # 2600 73 St. W Suite, Apt. #, etc.		3. Mailing Address 2600 73 St. W Suite, Apt. #, etc.																																	
City & State Lehigh Acres, FL Zip 33971 County Lee		City & State Lehigh Acres, FL Zip 33971 County Lee																																	
4. FEI Number 14-1993847		Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent HANSEN, GERALD 722 CAMILLA ST E LEHIGH ACRES, FL 33936																																	
7. Name and Address of New Registered Agent Name Gerald Hansen Street Address (P.O. Box Number is Not Acceptable) 2600 73 St. W City Lehigh Acres FL Zip Code 33971		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 <u><i>Gerald Hansen</i></u> (NOTE: Registered Agent signature required when reappointing) 2-14-08 DATE																																	
FILE NOW! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> DELETE ☐ OR ☒ Change ☐ Addition </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> DELETE ☐ OR ☒ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> MGR HANSEN, GERALD 722 CAMILLA ST E LEHIGH ACRES, FL 33936 </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> MGR Hansen, Gerald 2600 73 St. W Lehigh Acres, FL 33971 </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> DELETE ☐ OR ☐ Change ☐ Addition </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> DELETE ☐ OR ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </tbody> </table>				9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE ☐ OR ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE ☐ OR ☒ Change ☐ Addition	MGR HANSEN, GERALD 722 CAMILLA ST E LEHIGH ACRES, FL 33936		MGR Hansen, Gerald 2600 73 St. W Lehigh Acres, FL 33971		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE ☐ OR ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE ☐ OR ☐ Change ☐ Addition																
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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: <u><i>Gerald Hansen</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		2-14-08 289-702-6071 Date Office Phone #																																	