2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

→ •	ANNUAL REPORT								FII	LED	
DOCUMENT # L07000032579 1. Entity Name BUTLER PLASTERING LLC										LED Y OF ST SEE, FLO PM 2:	
Principal Place 6013 COUNT WINTER HAV	TRY WALK L	INE	Mailing Address 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880								
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				04262008	Chg-LLC	CR2E	083 (12/06)	
City & Stat	te	, , ,	City & State			-	4. FEI Number				oplied For
Zip	<u>.</u>	Country	Zip Country				5. Certificate of	f Status Desired		\$5.00 Add	ditional
		I		7. Name and	ddress of New I	Registered	Agent				
BUTLER, ROBERT 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880					Name Maria Sheldon Street Address (P.O. Box Number is Not Acceptable) (0013 (Country Walk Lane						
:	\$		City (),						FI	Zip Cod	fo o
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 agenties	and table if applicable. (NOTE	- Registere	d Agent signat	ure required	when reinstating)		DATE		<u>'</u> —
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Make check payable to Florida Department of State				
9.	11.111	MANAGING MEMBER	RS/MANAGERS	10.			 	ADDITIONS	/CHANGES	<u> </u>	
TITLE	MGR	DODEDT	Delete	TITLE		tres.	dent	av O		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1	ROBERT JNTRY WALK LANE HAVEN, FL 33880			e et address -st- <i>z</i> ip	win	iter Itave	1 Walk LO	ine 880		
TITLE	MGRM	1011171111	Ď√ Delete	ITILE		mgr				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	6013 COL	, JONATHAN INTRY WALK LANE HAVEN, FL 33880			e Et adoress -st-zip	60.13	: Sheldon s country ter House	walk Land FL 338	<u>.</u> 80		
MLE	MGRM		Delete	TITLE		mar	m	•		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	6013 COL	NO, NINO INTRY WALK LANE HAVEN, FL 33880	· ·		et adoress -st-zip	~~.	and Kanni	walk Lan L Fr 338	5380		
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				1	ET ADDRESS -ST-ZIP		30 05/02)0128 /080100	290 3021	1543 **42	7.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		Δ.	☐ Delete	TITLE NAME STREE						☐ Change	☐ Addition
11. I hereby certify that the information supplied with this filling 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 factorized 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.											
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