FILED
May 22, 2008 8:00 am
Secretary of State

04-24-2008 90022 023 ***138.75

4/24

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000045643

1. Entity Name
DON SPITTLER DRYWALL, LLC

Principal Place of Business	Mailing Address
~~866 CHEVY CHASE ST NW~~	~~866 CHEVY CHASE ST NW~~
PORT CHARLOTTE, FL ~~33948~~	PORT CHARLOTTE, FL ~~33948~~

03212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
523 Highland AVE.		523 Highland AVE.	
Suite, Apt. #, etc.: PT. CHARLOTTE, FL.		Suite, Apt. #, etc. Pt. Charlotte, FL.	
City & State 33952		City & State 33952	
Zip 33952	Country U.S.A.	Zip	Country U.S.A.

4. FEI Number 20-8942572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPITTLER, DONALD T JR.
~~866 CHEVY CHASE ST NW~~ 523 Highland AVE.
PORT CHARLOTTE, FL ~~33948~~
33952

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
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	Owner/manager/Secretary/President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Don T. SPITTLER JR		NAME		
STREET ADDRESS	523 Highland Ave.		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Donald J. Spittler Jr. Donald T. SPITTLER JR. 4/1/08 941-764-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #