

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000095137

1. Entity Name
MAD MONEY DRYWALL, LLC



FILED
08 SEP 10 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
118 SAVANNAH ROAD
CRAWFORDVILLE, FL 32327 US

Mailing Address
118 SAVANNAH ROAD
CRAWFORDVILLE, FL 32327 US

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

09102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
590-18-9267

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, CHRISTOPHER D
118 SAVANNAH ROAD
CRAWFORDVILLE, FL 32327

Handwritten signature of Christopher D Sullivan

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SULLIVAN, CHRISTOPHER D
118 SAVANNAH ROAD
CRAWFORDVILLE, FL 32327

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500135962215
09/16/08--01017--008 **138.75

☐ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-9-08

Date

850.528-0695

Daytime Phone #