2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# L07000100364

Entity Name: J. B. DRYWALL, LLC

Current Principal Place of Business:

802 SE PORTAGE AVE
PORT ST LUCIE, FL 34984

New Principal Place of Business:

135 LILLIAN SPRINGS ROAD
QUINCY, FL 32351

Current Mailing Address:

802 SE PORTAGE AVE
PORT ST LUCIE, FL 34984

New Mailing Address:

135 LILLIAN SPRINGS ROAD
QUINCY, FL 32351

FEI Number: 26-2161641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALAVIZ, KATHLEEN
802 SE PORTAGE AVE
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

GALAVIZ, KATHLEEN
135 LILLIAN SPRINGS ROAD
QUINCY, FL 32351 US

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.

SIGNATURE: 01/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GALAVIZ, KATHLEEN
Address: 802 SE PORTAGE AVE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GALAVIZ, KATHLEEN
Address: 135 LILLIAN SPRINGS ROAD
City-St-Zip: QUINCY, FL 32351

Title: MGRM ( ) Change (X) Addition
Name: GALAVIZ, JULIAN
Address: 135 LILLIAN SPRINGS ROAD
City-St-Zip: QUINCY, FL 32351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN GALAVIZ MGRM 01/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date