

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000109290

1. Entity Name
SANTOS ESTRADA SR DRYWALL LLC



FILED
08 APR 18 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
58 SIOUX CIRCLE
HAVANA, FL 32333

Mailing Address
P.O. BOX 460
GRETNA, FL 32332



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA, FL 32333

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 MGRM
NAME ESTRADA, JORGE A
STREET ADDRESS P.O. BOX 460
CITY-ST-ZIP GRETNA, FL 32332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME RIVERA, OSMIN
STREET ADDRESS P.O. BOX 460
CITY-ST-ZIP GRETNA, FL 32332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700124346127
04/18/08--01029--015 ***555.00

TITLE MGRM
NAME PEREZ, ANTONIO T
STREET ADDRESS P.O. BOX 460
CITY-ST-ZIP GRETNA, FL 32332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Santos Estrada

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

Date

Daytime Phone #