

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041990

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** ROSA ARAGON DRYWALL LLC

**Current Principal Place of Business:**

5567 JOSEPH STREET  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

5567 JOSEPH STREET  
TALLAHASSEE, FL 32305

**New Mailing Address:**

1100 LORRAINE AVENUE  
CHATTAHOOCHEE, FL 32324 US

**FEI Number:** 32-0247366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARAGON, ROSA  
5567 JOSEPH STREET  
TALLAHASSEE, FL 32305 US

**Name and Address of New Registered Agent:**

ARAGON, ROSA  
1100 LORRAINE AVENUE  
CHATTAHOOCHEE, FL 32324 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:** ROSA ARAGON

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ARAGON, ROSA  
**Address:** 5567 JOSEPH STREET  
**City-St-Zip:** TALLAHASSEE, FL 32305

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** ARAGON, ROSA  
**Address:** 1100 LORRAINE AVENUE  
**City-St-Zip:** CHATTAHOOCHEE, FL 32324 US

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:** ROSA ARAGON

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date