2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: MULLING HELLEN HELLEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, WAYAGER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT (AR)						FILED				
DOCUMENT # L03000048735					Jan 24, 2005 08:00 AM					
₩ Entity Nam	^{ne} HERSHBERGER PAINTING	LLC				Secreta	ıry of	State		
Principal Plac	ce of Business	Mailing Address		F †	-					
944 S. BRINK AVE SARASOTA FL 34237		944 S. BRINK AVE SARASOTA FL 34237								
					<u> </u>					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt #, etc.			7	ist MOORE	CR2E08	3 (10/04)	· · · · · · · · · · · · · · · · · · ·	
City & State		City & State		4. FEI Num	NO-T APP	LICABLE	<u> </u>	oplied For ot Applicat		
Zip Country		Zip Coun			5. Certificate of Status Desired			\$5.00 Additional		
	6. Name and Address of Curre	ent Registered Agent	<u> </u>		7. Name at	nd Address of New		Fee Require Agent		
				Vame						
944	RSHBERGER, MERLIN S. BRINK AVE RASOTA FL 34237	Street Address		(P.O. Box Num	ber is Not Acceptab	le)				
				S	 			T = 2		
				Dity			FL	Zip Code		
	e named entity submits this statemen tions of registered agent.	t for the purpose of changing its	registered c	office or registe	ered agent, or b	ooth, in the State of F	lorida. I am i	familiar with,	and accer	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	E Régistered Áge	ent signature require	d when reinstating)		DATE			
		FILE NO	OW!!! FEI	E IS \$50.00			-	-	:	
		Make Check Payabl			ent of State					
	MANIA CINIO NATIM		e By May 1	1, 2005		A L'ALTICALIA	S/CHANGES			
9. TIFLE	MANAGING MEM	BERS/MANAGERS Delete	TO.	<u> </u>		ADDITIONS	J/CHANGES	Change	A.S.	
NAME	HERSHBERGER, MERLIN		NAME							
STREET ADDRESS CITY - ST - ZIP	944 S. BRINK AVE SARASOTA FL 34237		SIREETAL City-St-							
TOLE	SANASOTA PL 34237	☐ Delete	ηπε		<u> </u>			☐ Change	☐ Adriii	
NAME			NAME			U000001 01/24/05-8	90561			
CITY ST. 70			SIREET AL			01/24/05-8	n138-01	5 50.00]	
CITY-ST-ZIP		☐ Delete	DITE.	ZIF .				Change	Addition	
TITLE NAME		∟ Delete	NAME						A.J.III.	
STRFFT ADDRESS			STREET AL	ł						
CHY-ST-ZIP			CITY-ST-	ZIP						
TITLE NAME		☐ Delete	TITLE NAME	}				Change "	. 🔲 Việt p	
STREET ADDRESS			SFREET AF	DORESS						
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DILLE		• Delete	[IT] F					☐ Change	Addifi	
NAME CIREET ADDRESS			NAME STREET AL	DD8655						
CITY-ST-ZIP			CHY-SI-							
Hitt	 	☐ Delete	Total F					☐ Change	A Addition	
NAME			NAME	_ [
STREET ADDRESS CITY-ST-ZIP			STREET AS							
11. I hereby	certify that the information supplied v	with this filling does not qualify for	r the exempt	tion stated in S	ection 119.076	3)(i), Florida Statutes	. I further cer	tify that the ir	nformation	
indicated	on this report is true and accurate a ability company or the receiver or trus	ind that my signature shall have:	the same leg	gal effect as if	made under oa	ith; that Iam a mana	aging membe	er or manage	r of the	

Date

Daytime Phone Y