2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

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Apr 26, 2007 08:00 AM Secretary of State DOCUMENT # L03000049709 ARROW PAINTING LLC Principal Place of Business Mailing Address 1513 BRANCH ST TALLAHASSEE FL 32303 1513 BRANCH ST TALLAHASSEE FL 32303 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FÉI Number Applied For 20-0442156 Not Applicable Žip Country Zip Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNES & JAMES, P.A. Street Address (P.O. Box Number is Not Acceptable) 2629 BLAIR STONÉ RD. TALLAHASSEE FL 32301 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, typed or printed name of registered again and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES HILE. MGRM Delete TIME ☐ Change Addition NAME DODRILL, JON NAME U00000734708 STREET ADDRESS STREET ADDRESS 1513 BRANCH ST. 05/10/07-80005-011 50.00 CITY-SI-7IP TALLAHASSEE FL 32303 CITY-ST-7IP THE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CITY-S1-7IP CITY-ST-ZIP ☐ Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-S1-ZIP HHF Delete 11111 □ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-SI-7IP CITY-ST-ZIP 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustoo empowered to execute this report as required by Chapter 608. Florida Statutes.

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED