

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

504237900385
8/20/2004-90065-037-\$50.00-\$50.00

DOCUMENT # L03000051246

1. Entity Name

JOHN VINZANT'S PAINTING, LLC



FILED

2004 SEP -2 PM 1:06

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

Principal Place of Business
15033 EAST JOE THOMAS LANE
TALLAHASSEE FL 32310

Mailing Address
15033 EAST JOE THOMAS LANE
TALLAHASSEE FL 32310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-0529744

Applied For

Not Applicable

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

VINZANT, JOHN
15033 EAST JOE THOMAS LANE
TALLAHASSEE FL 32310

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGM
John VINZANT
15033 E Joe Thomas Ln.
TALLAHASSEE FL 32310

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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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 exemption stated in Section 119.07(3)(i), 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:

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

8/19/04 Home 574-8876 Pager 489-1521