2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # L03000053879** 02-22-2005 90074 043 ****50.00 R C PAINTING, L.L.C. Principal Place of Business Mailing Address 30003040 1918 MANGO TREE DRIVE 2 613 1018 MANGO TREE DRIVE TAMARINA EDGEWATER, FL 32141 TAMARING DREDGEWATER, FL 32141 2. Principal Place of Business 3. Mailing Address 2613 TAMARINA 2613 TAMARINA DR Suite, Apt. #, etc 03182005 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number gewater dgow Ater 20-0497277 Not Applicable \$5.00 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANDLER, ROGER 1918 MANGAO TREE DRIVE 2613 TAMARINGUR Street Address (P.O. Box Number is Not Acceptable) EDGEWATER FL 32141 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 3-29.03 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Change ☐ Addition 2613 CHANDLER, ROGER NAME NAME 1918 MANGO TREE DRIVE TAMARIAD OR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32141 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE WHEELER, MILFORD NAME STREET ADDRESS 3224 ORANGE TREE DR. STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32141 CITY-ST-ZIP TITLE Delete TITLE ☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY.-ST-ZIP CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

368-4289933

Daytime Phone #

3-29-05

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/22/2005-90074-043-\$50.00-\$50.00

	ANNUAL	REPORT					
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<u>ی ۵۵</u>	6. Name and Address of Current		USIT	7. N	ame and Address of N		
CHANDLE	R, ROGER		Name				
1018 MAN	GAO TREE DRIVE P. O. (30x 1966 Smyrna Bob, 1	Street A	ddress (P.O. B	ox Number is Not Accep	rable)	
LUGETIA	TENTILE GRANT	321					
			City			FL: 3	Code
	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office o	registered ag	ent, or both, in the State	of Florida. I am tamilla	with, and acce
SIGNATURE	I Roan Chanc	llu			•	2-15-05	
SIGNATURE	Sgneture, right or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signer	ure required when re	netaing)	DATE ···	
. FI	iling Fee is \$50,00					Make check payabl	
. D	ue by May 1, 2005				Pi	orida Department of	State
9.	MANAGING MEMBE		10.	MGRM	ADDITK	ONS/CHANGES	
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indicated	certify that the information supplied with i on this report is true and accurate and ability company or the receiver or truster	that my signature shall have it	re same legal efte	ct as if made u	nder oath; that I am a r	nes, I turner certily the nanaging member or m	une uncommittee
minion no		011 111		• ,		•	
SIGNAT	TURE: VI //on N	Charden			2-/5-05	386-426	8-9933
	SIGNATURE AND TYPED OR SPENTED HAME O	F SIGHING MAHAGING MENBER, MAN	LGER, OF AUTHORIZE	D REPRESENTATIV	E Date	Daytima P	hone #