

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # L04000004561**

1. Entity Name  
**DON'S PAINTING LLC**

Principal Place of Business  
**118 OAKMONT DR  
CRAWFORDVILLE FL 32327**

Mailing Address  
**118 OAKMONT DR  
CRAWFORDVILLE FL 32327**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E083 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**30-0224124**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

**GILLEN, DON  
118 OAKMONT DR  
CRAWFORDVILLE FL 32327**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**MGRM  
GILLEN, DON  
118 OAKMONT DR  
CRAWFORDVILLE FL 32327**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Change  Addition

000000601605  
01/26/07-80055-022 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Change  Addition

TITLE  
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CITY-STATE-ZIP

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Change  Addition

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CITY-STATE-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Change  Addition

11. I hereby 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: *Don Gillem* **DON Gillem** 1-19-07 870 421 7869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #