

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90036 035 ****50.00

DOCUMENT # L04000022425	
1. Entity Name CORKY SMALLWOOD'S PAINTING, LLC	

Principal Place of Business 8572 E. C.R. 466 OXFORD, FL 34484	Mailing Address 8572 E. C.R. 466 OXFORD, FL 34484
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20019716



01132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business 313 Hermosa Street	3. Mailing Address 313 Hermosa Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lady Lake, FL	City & State Lady Lake, FL
Zip 32159	Country USA

4. FEI Number 04-3792132	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SMALLWOOD, MARVIN O 8572 E. C.R. 466 OXFORD, FL 34484	
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7. Name and Address of New Registered Agent	
Name SMALLWOOD, MARVIN O	
Street Address (P.O. Box Number is Not Acceptable) 313 Hermosa Street	
City Lady Lake	FL Zip Code 32159

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLWOOD, MARVIN O 8572 E. C.R. 466 OXFORD, FL 34484 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLWOOD, MARVIN O. 313 Hermosa Street Lady Lake, FL 32159 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 PRINTED OR PRINTER NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-23-05