


2007 LIMITED-LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L04000026409 |  |
| 1. Entity Name MIKE FOUST PAINTING, LLC | |

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| Principal Place of Business 17 S. ORLANDO AVENUE KISSIMMEE, FL 34741 | Mailing Address 17 S. ORLANDO AVENUE KISSIMMEE, FL 34741 |
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04032007 No Chg-LLC CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-0979778 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

8. Name and Address of Current Registered Agent

MAGRUDER, MICHAEL ESQ
 203 S. CLYDE AVENUE
 KISSIMMEE, FL 34741

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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, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FOUST, MICHAEL S 1083 E. LAKE SHORE BLVD. KISSIMMEE, FL 34741 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FOUST, KATHLEEN M 1083 E. LAKE SHORE BLVD. KISSIMMEE, FL 34741 |
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04/11/07-80080-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **3 Apr 07** 4079730211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #