


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000029758
 1. Entity Name
 C&M PAINTING, LLC



Principal Place of Business Mailing Address
 188 CRIPPLE CREEK ROAD 188 CRIPPLE CREEK ROAD
 HAVANA, FL 32333 HAVANA, FL 32333

DO NOT WRITE IN THIS SPACE



04262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0504754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CROSS, J. MICHAEL
 188 CRIPPLE CREEK ROAD
 HAVANA, FL 32333

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, J. MICHAEL 188 CRIPPLE CREEK ROAD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000743992
 05/15/07-80130-023 50.00

DO NOT WRITE IN THIS SPACE

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: J. Michael Cross J. Michael Cross 4-27-07 850 524-0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #