

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90040 017 \*\*\*\*50.00



**DOCUMENT # L04000076170**

1. Entity Name

AL'S PAINTING SERVICE, LLC

Principal Place of Business

148 OLIVER DR  
 WEWAHITCHKA FL 32465  
 US

Mailing Address

P.O. BOX 55  
 WEWAHITCHKA FL 32465  
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State

City & State

4. FEI Number  
 02-0732190

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

STRANGE, ALFRED T  
 148 OLIVER DR  
 WEWAHITCHKA FL 32465

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

*Alfred T. Strange*  
 Signature, typed or printed name of registered agent and title, if applicable.

Alfred T. Strange-Reg. Agent 4/20/06  
 (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM  Delete  
 NAME STRANGE, ALFRED T  
 STREET ADDRESS 148 OLIVER DR  
 CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE MGRM  Change  Addition  
 NAME Braswell, Dennis W.  
 STREET ADDRESS 136 Olive Dr  
 CITY-ST-ZIP Wewahitchka FL 32465

TITLE MGRM  Delete  
 NAME GASKIN, JOEL T JR  
 STREET ADDRESS 501 PINE STREET  
 CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE MGRM  Change  Addition  
 NAME Smith, Gerald  
 STREET ADDRESS 247 Winnie St.  
 CITY-ST-ZIP Wewahitchka FL 32465

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Alfred T. Strange*

Alfred T Strange-Manager 4/20/06

639-4839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #