


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90036 013 *****50.00

DOCUMENT # L05000008514
 1. Entity Name
 NO FEAR PAINTING LLC



Principal Place of Business
 330 KLISPIE DR.
 PUNTA GORDA, FL 33950

Mailing Address
 330 KLISPIE DR.
 PUNTA GORDA, FL 33950

2. Principal Place of Business
 330 Klispie Dr.
 Suite, Apt. #, etc.

3. Mailing Address
 3005 Roma Ct
 Suite, Apt. #, etc.

City & State
 Punta Gorda, FL


City & State
 Punta Gorda, FL

Zip
 33950

Country
 Charlotte

Zip
 33950

Country
 Charlotte



05172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 35-2249838

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANUEL CARDENAS
 330 KLISPIE DR.
 PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is \$50.00 Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CADENAS, MANUEL F		NAME	
STREET ADDRESS 330 KLISPIE DR.		STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA, FL 33950		CITY-ST-ZIP	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALVIELLI, ED SANTAMARINA		NAME	
STREET ADDRESS 21537 AUGUSTA AVENUE		STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ Date 5/18/06 Daytime Phone # (941) 628-1949

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