

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90021 037 ****50.00

DOCUMENT # L05000010505

1. Entity Name

JOE TOBIAS PAINTING SERVICES LLC



Principal Place of Business

3000 CLARCONA RD. LOT 631
APOPKA FL 32703

Mailing Address

3000 CLARCONA RD. LOT 631
APOPKA FL 32703



2. Principal Place of Business

3. Mailing Address

3000 Clarcona Rd Lot 631

3000 Clarcona Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apopka Fla.

City & State

Apopka, Fla

Zip

32703

Country

Orange

Zip

32703

Country

Orange

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-2345302

Applied For

Not Applicable

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

TOBIAS, ARNOLD J
8532 SE 128TH LANE
SUMMERFIELD FL 34491

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

Sandra Goodwin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-06

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TOBIAS, ARNOLD J
STREET ADDRESS 8532 SE 128TH LANE
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE MGR ☐ Delete
NAME GOODWIN, SANDRA
STREET ADDRESS 8532 SE 128TH LANE
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Sandra Goodwin

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

3-28-06

Date

Daytime Phone #