

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005775

FILED
Jul 05, 2007
Secretary of State

Entity Name: CLEVE STEWART PAINTING LLC

Current Principal Place of Business:

1001 SAGAMORE DRIVE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

1001 SAGAMORE DRIVE
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-3518528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STEWART, LISA
1001 SAGAMORE DRIVE
SEFFNER, FL 33584 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEWART, LISA
Address: 1001 SAGAMORE DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: STEWART, CLEVE L SR
Address: 1001 SAGAMORE DR
City-St-Zip: SEFFNER, FL 33584

Title: VP () Change (X) Addition
Name: STEWART, DANIEL V
Address: 1001 SAGAMORE DR
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA STEWART

MGR

07/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date