


**-2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90145 026 \*\*\*138.75

**DOCUMENT # L06000042527**

1. Entity Name  
**QUEENS ROW PAINTING SERVICE, LLC**



Principal Place of Business      Mailing Address

**8801 TREASURE ISLAND ROAD  
 LEESBURG FL 34788  
 US**      **8801 TREASURE ISLAND ROAD  
 LEESBURG FL 34788  
 US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**83-0457108**      Not Applicable

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

1st MOORE      CR2E083 (10/07)

**6. Name and Address of Current Registered Agent**

**PRIETO, MARIA L  
 8801 TREASURE ISLAND ROAD  
 LEESBURG, FL 34788**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>PRIETO, MARIA L</b>	
STREET ADDRESS	<b>8801 TREASURE ISLAND ROAD</b>	
CITY-ST-ZIP	<b>LEESBURG, FL 34788</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>ST. CHARLES, WILLIAM N II</b>	
STREET ADDRESS	<b>8801 TREASURE ISLAND ROAD</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>St. Charles Maria L.</b>	
STREET ADDRESS	<b>8801 Treasure Isl. Rd.</b>	
CITY-ST-ZIP	<b>Leesburg Fl. 34788</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wm Letcior St. Charles*      Date: 3/5/08      352-636-4007

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