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

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000087545

1. Entity Name

ALBERT MURPHY PAINTING LLC

Principal Place of Business	Mailing Address
36 LONGMEADOW COURT ROTONDA WEST FL 33947 US	36 LONGMEADOW COURT ROTONDA WEST FL 33947 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
36 Longmeadow Court	Same
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Rotonda West	City & State: Florida
Zip: 33947 Country: USA	Zip: Same Country: Same

4. FEI Number 20-5504546 ☐ 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
MURPHY, ALBERT A JR 36 LONGMEADOW COURT ROTONDA WEST FL 33947	Name: Albert Murphy Street Address (P.O. Box Number is Not Acceptable): 36 Longmeadow Court Rotonda West City: Florida FL Zip Code: 33947

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: Albert A. Murphy Painting LLC
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, ALBERT A JR 36 LONGMEADOW COURT ROTONDA WEST FL 33947 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000806105 02/06/08-80028-024 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERS, OWEN 256 MARK TWAIN LANE ROTONDA WEST FL 33947 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Albert A. Murphy Painting LLC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #