2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Sep 06, 2005 8:00 am
Secretary of State
08-01-2005 90093 040 ****50.00

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07102005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
ALFONSO'S PAINT, LLC

Principal Place of Business	Mailing Address
8201 N BLOSSOM AVE TAMPA, FL 33614 US	8201 N BLOSSOM AVE TAMPA, FL 33614 US

2. Principal Place of Business	3. Mailing Address
8201 Blossom ave	8201 Blossom ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. N/A
City & State: Tampa Fl	City & State: Tampa Fl
Zip: 33614 Country: US	Zip: 33614 Country: US

4. FEI Number 20-0737511 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ALFONSO, ALBERTO
8201 N BLOSSOM AVE
TAMPA, FL 33614

7. Name and Address of New Registered Agent
Name: NONE
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 NONE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFONSO, ALBERTO 8201 N BLOSSOM AVE TAMPA, FL 33614	☐ 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 exemption stated in Section 119.07(3)(i), 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: Alberto Alfonso 7-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #