

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90019 016 ***138.75

DOCUMENT # L04000074814

1. Entity Name
H & S PAINTWORKS, LLC



Principal Place of Business
**1007 NOTTINGHAM DRIVE
PANAMA CITY, FL 32401**

Mailing Address
**1007 NOTTINGHAM DRIVE
PANAMA CITY, FL 32401**

50006485



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2154360

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, TREVOR
1007 NOTTINGHAM DRIVE
PANAMA CITY, FL 32401**

*411 W. 18th Court
Lynn Haven
FL 32444*

**DO NOT WRITE
IN THIS SPACE**

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 _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SMITH, TREVOR
1007 NOTTINGHAM DRIVE
PANAMA CITY, FL 32401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MADDEN, HURBERT
261 EVERITT AVE APT F6
PANAMA CITY, FL 32401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

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

4-26-08

Date

850 248 9520

Daytime Phone #