	ncipal Place of Business:		000702	
4123 W 21ST 8	ST			
PANAMA CITY	, FL 32405			
Current Ma	iling Address:			
4123 W 21S	ST ST			
	TY, FL 32405 US			
FEI Number: 46-3759368			Certificate of Status Des	sired: No
	Address of Current Desistared Agent.			
Name and A	Address of Current Registered Agent:			
NESS, TINA 4123 W 21ST S				
NESS, TINA 4123 W 21ST S PANAMA CITY	ST.	g its registered office or regis	tered agent, or both, in the State of Flo	orida.
NESS, TINA 4123 W 21ST S PANAMA CITY The above name	ST. , FL 32405 US	g its registered office or regis	tered agent, or both, in the State of Flo	
NESS, TINA 4123 W 21ST S PANAMA CITY The above name	ST. , FL 32405 US d entity submits this statement for the purpose of changing	g its registered office or regis	tered agent, or both, in the State of Fl	
NESS, TINA 4123 W 21ST S PANAMA CITY The above name SIGNATURI	ST. , FL 32405 US d entity submits this statement for the purpose of changing E:TINA NESS	g its registered office or regis	tered agent, or both, in the State of Fl	03/24/2021
NESS, TINA 4123 W 21ST S PANAMA CITY The above name SIGNATURI	ST. , FL 32405 US d entity submits this statement for the purpose of changing E: TINA NESS Electronic Signature of Registered Agent	g its registered office or regis	tered agent, or both, in the State of Fl	03/24/2021
NESS, TINA 4123 W 21ST S PANAMA CITY The above name SIGNATURI Authorized	ST. , FL 32405 US d entity submits this statement for the purpose of changing E: TINA NESS Electronic Signature of Registered Agent Person(s) Detail :			03/24/2021
NESS, TINA 4123 W 21ST S PANAMA CITY The above name SIGNATURI Authorized Title	ST. , FL 32405 US d entity submits this statement for the purpose of changing E: <u>TINA NESS</u> Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGRM	Title	MGRM	03/24/2021

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE LOPEZ	MANAGER
SIGNATURE: JUSE LUPEZ	MANAGER

03/24/2021

## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L13000137388

## Entity Name: J & J PROFESSIONAL PAINTING SERVICES, LLC

Date

**FILED** Mar 24, 2021 **Secretary of State** 8887328135CC

Electronic Signature of Signing Authorized Person(s) Detail