

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000134394

**Entity Name:** MUNYAN RESIDENTIAL PAINTING SERVICES, LLC

**Current Principal Place of Business:**

1175 GOULD STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

1175 GOULD STREET  
CLEARWATER, FL 33756

**FEI Number: 83-1592487**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BASKIN, HAMDEN H III  
14020 ROOSEVELT BLVD  
SUITE 808  
CLEARWATER, FL 33762 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MUNYAN, RALPH W JR  
Address 1175 GOULD STREET  
City-State-Zip: CLEARWATER FL 33756

Title CFO  
Name THOMPSON, DALE  
Address 1409 QUAIL DRIVE  
City-State-Zip: DUNEDIN FL 34698

Title VP  
Name ASHER, BALLEW  
Address 1175 GOULD STREET  
City-State-Zip: CLEARWATER FL 33756

Title VP  
Name DANIEL, MUNYAN  
Address 1175 GOULD STREET  
City-State-Zip: CLEARWATER FL 33756

*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: RALPH MUNYAN**

**MANAGER**

**03/17/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date