

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91552 012 \*\*\*\*50.00

DOCUMENT # L00000014396

1. Entity Name

PAINTED SKY, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2501 ROXBURY ROAD

3. Mailing Address  
2501 ROXBURY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WINTER PARK FL

City & State  
WINTER PARK FL

4. FEI Number  
59-3682700

Applied For  
Not Applicable

Zip  
32789

Country  
US

Zip  
32789

Country  
US

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

**7. Name and Address of Current Registered Agent**

Name  
MAXWELL, VINCENT E.

Street Address (P.O. Box Number is Not Acceptable)  
2501 ROXBURY ROAD

City  
WINTER PARK FL Zip Code  
32789

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MGRM	MAXWELL, VINCENT E.	2501 ROXBURY ROAD	WINTER PARK, FL 32789				

**DO NOT WRITE  
IN THIS SPACE**

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:

VINCENT E. MAXWELL, MGRM

Date

Daytime Phone #

CR2E083B (12/01)