


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000009761 1. Entity Name TRI-CITIES PAINT & DECORATING, LLC	
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Principal Place of Business 877 WATERWAY PLACE, #2 LONGWOOD, FL 32750	Mailing Address 877 WATERWAY PLACE, #2 LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 01-0713856	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent G&L AGENTS SERVICES, INC. 390 NORTH ORANGE AVE. SUITE 600 ORLANDO, FL 32801

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000895213
04/24/08-80060-000 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWNSEND, DENNIS L 1810 MEADOW BEND DR LONGWOOD, FL 32750
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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:  **4/8/08** **407-767-2566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #