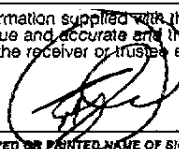


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000017988		
1. Entity Name TINGLE'S PROFESSIONAL PAINTING & PRESSURE WASHING, L.L.C.		
Principal Place of Business 4428 STONEFIELD DR. ORLANDO, FL 32826	Mailing Address 4428 STONEFIELD DR. ORLANDO, FL 32826	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TINGLE, HORACE G 2811 MACMURRY DRIVE ORLANDO, FL 32826		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 _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TINGLE, HORACE G 2811 MACMURRAY DR. ORLANDO, FL 32826	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TINGLE, MARJORIE G 2811 MACMURRAY DR. ORLANDO, FL 32826	
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		
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: 		2/2/06 (407) 923-6857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



01182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3751109	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

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02/21/06-80009-014 50.00