

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

08-25-2003 90041 003 ****55.00

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DOCUMENT # L02000020461

1. Entity Name

PAINT MISBEHAVIN', LLC



Principal Place of Business

6900 DANIELS ROAD
A-12
FT. MYERS FL 33912
US

Mailing Address

6900 DANIELS ROAD
A-12
FT. MYERS FL 33912
US

55056311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

710898700

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MUSELMAN, KELLEY D
14401 DEVINGTON WAY
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name **Kelley Muselman**

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

13373 Broadhurst loop 19C

City **FT MYERS**

FL

Zip Code **33919**

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

Kelley Muselman

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

(NOTE: Registered Agent signature required when reinstating)

Aug 18, 03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **owner manager**
NAME **Kelley Muselman**
STREET ADDRESS **13373 Broadhurst loop**
CITY-ST-ZIP **FT MYERS FL 33912**

☐ Delete

10. ADDITIONS / CHANGES

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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: *Kelley Muselman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Aug 18, 2003

Date

239-768-1083

Daytime Phone #

CR2E083 (4/03)