2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031219

THOMSPON, WINSTON G

PALM COAST, FL 32164 US

15 ROYAL PALM LN

Name:

Address:

City-St-Zip:

Entity Name: THOMPSON'S PAINTING & HOME REPAIR, LLC

FILED Mar 13, 2008 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|---------------------------------|---|---------------------------------------|
| 15 ROYAL PALM LN PALM COAST, FL 32164 | US | | |
| Current Mailing Address: | | New Mailing Address: | |
| P. O. BOX 351784 PALM COAST, FL 321351 | 784 US | | |
| FEI Number: 02-0653460 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| THOMPSON, WINSTON O 15 ROYAL PALM LN PALM COAST, FL 32164 | US | | |
| The above named entity su in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electronic | Signature of Registered Age | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | |
| Title: MGRM ()[|)elete | Title: | () Change () Addition |

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WINSTON G THOMPSON MGRM 03/13/2008