

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 12, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000003944**

1. Entity Name  
**FANCYFAUX DECORATIVE PAINTING, LLC**



Principal Place of Business  
**232 STRATHMORE CIRCLE  
KISSIMMEE, FL 34744 US**

Mailing Address  
**232 STRATHMORE CIRCLE  
KISSIMMEE, FL 34744 US**



03052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3768439**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

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

**PENCE, ROBERT E JR.  
232 STRATHMORE CIRCLE  
KISSIMMEE, FL 34744**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PENCE, ROBERT E JR.
STREET ADDRESS	232 STRATHMORE CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	MGRM
NAME	PENCE, DONNA L
STREET ADDRESS	232 STRATHMORE CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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:** Robert Pence Jr.

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

3/3/05

Date

(407) 344-8652

Daytime Phone #