


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90022 004 ****50.00

DOCUMENT # L03000043432	
1. Entity Name SNOW'S PAINTING, LLC	

Principal Place of Business 4612 SOUTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34231 US	Mailing Address 4612 SOUTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34231 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

60000147



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 061714023	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent
SNOW, SCOTT T 4029 RADNOR PLACE SARASOTA, FL 34233	Name Scott T. Snow Street Address (P.O. Box Number is Not Acceptable) 4612 S. Lockwood Ridge Rd City Sarasota FL Zip Code 34231

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: *Scott T. Snow* **1-5-05**
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	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNOW, SCOTT T 4029 RADNOR PLACE SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Snow, Scott T. 4612 S. Lockwood Ridge Rd Sarasota FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Scott T. Snow* **1-05-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #