2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000045732

Entity Name
JERRY QUINN PAINTING CONTRACTOR, LLC



FILED Feb 14, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

17710 PEPPARD DR. FT MYERS BEACH, FL 33931

211

17710 PEPPARD DR.

FT MYERS BEACH, FL 33931

US



01312008 No Chg-LLC

CR2E083 (12/07)

FEI Number
 20-0309672

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINN, GERALD 17710 PEPPARD DR. FT MYERS BEACH, FL 33931

the obligations of registered agent.

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SIGNATURE.	Faith June Gerata Gr		2/4/08
, Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstaling) DATE.			
FILE After May	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75	er Son	
19.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUINN, GERALD 17710 PEPPARD DR. FT MYERS BEACH, FL 33931		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000827689 02/21/08-80100-016 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
YITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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

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.

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



Daytime Phone #