2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000045829

1. Entity Name HENRY LOSEY PAINTING, LLC



Principal Place of Business

2465 29TH AVE SW VERO BEACH, FL 32968 Mailing Address

2465 29TH AVE SW VERO BEACH, FL 32968

FILED Mar 03, 2008 8:00 am Secretary of State

03-03-2008 90403 025 ***138.75

1100-



02222008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number	 Applied For
20-0410207	Not Applicable
	\$5.00 Additional

6. Name and Address of Current Registered Agent

LOSEY, HENRY 2465 29TH AVE SW VERO BEACH, FL 32968 DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.			
SIGNATURE.	and the state of t		·. '	
SIGNATURE	Signature (poed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE		
File After May	NOWIII FEE IS \$138.75 , 1, 2008 Fee will be \$538.75		:	
9.	MANAGING MEMBERS/MANAGERS		STEAT FREE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOSEY, HENRY 2465 29 AVE SW VERO BEACH, FL 32968			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ~	2**At			
NAME STREET ADDRESS CITY-ST-ZIP	:: '			
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this capacities true and accurate and that the information indicated on this capacities true and accurate and that the information indicated on this capacities true and accurate and that the information indicated on this capacities true and accurate and that the information indicated on this capacities true and accurate and that the information indicated on this capacities are also accurate and that the information indicated on this capacities are also accurate and that the information indicated on this capacities are also accurate and that the information indicated on this capacities are also accurate and the capaci				

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

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