


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000045977 1. Entity Name JORDANS PAINTING, LLC	
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Principal Place of Business 24437 HARBORVIEW ROAD #65 CHARLOTTE HARBOR, FL 33980	Mailing Address 24437 HARBORVIEW ROAD #65 CHARLOTTE HARBOR, FL 33980
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DO NOT WRITE IN THIS SPACE



01122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3707666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JORDAN, DARLEEN
24437 HARBORVIEW ROAD #65
CHARLOTTE HARBOR, FL 33980**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000876251
04/11/08-80055-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORDAN, DARLEEN 24437 HARBORVIEW ROAD #65 CHARLOTTE HARBOR, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORDAN, FRED B 24437 HARBORVIEW ROAD #65 CHARLOTTE HARBOR, FL 33980
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: *Darleen M. Jordan* *3-27-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #