

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-15-2004 90431 027 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

3/15/

DOCUMENT # L03000046122			
1. Entity Name HILDRETH PAINTING SERVICES LLC			
Principal Place of Business 5411 BARBAROSSA AV. SARASOTA, FL 34235 US		Mailing Address 5411 BARBAROSSA AV. SARASOTA, FL 34235 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 56-2419326		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent H. HILDRETH HILDRETH, KEITH D 5411 BARBAROSSA AV. SARASOTA, FL 34235		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 <u>Keith D. Hildreth</u>		DATE <u>3-11-04</u>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KEITH HILDRETH 5411 BARBAROSSA AV. SARASOTA, FL 34235	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: <u>Keith D. Hildreth</u>		DATE <u>3-11-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	