2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 13, 2006 08:00 AM **Secretary of State** DOCUMENT # L03000046239 🔼 BLOOMINGDALE PAINTING & PRESSURE WASHING. Principal Place of Business Mailing Address 4616 OAK RIVER CIRCLE VALRICO FL 33594 4616 OAK RIVER CIRCLE VALRICO, FL 33594 02102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1460278 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HOWARD, TODIC DO NOT WRITE 4616 OAK RIVER CIRCLE VALRICO, FL 33594 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. Signature, typed or printed name of registered agent and the ri applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS TITLE MGR NAME HOWARD, TODIC 4616 OAK RIVER CIRCLE STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 U00000432763 TITLE 02/29/06-00001-006 50,00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CHY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-21P DFLE NAME STREET ADDRESS CITY-ST-ZIP

11. It 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 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.

Date

Daysma Phone #

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

SIGNATURE:

FILED