


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90008 007 ****50.00

DOCUMENT # L03000046533	
1. Entity Name STEVEN JOHNSON PAINTING, LLC	

Principal Place of Business 5011 SILO ROAD ST. AUGUSTINE FL 32092	Mailing Address 5011 SILO ROAD ST. AUGUSTINE FL 32092
<i>5011 silo road</i>	<i>5011 silo road</i>

2. Principal Place of Business <i>St Aug FL</i>	3. Mailing Address <i>St Aug FL</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>St Aug FL</i>	City & State
Zip <i>32092</i>	Country <i>FLA</i>
Zip <i>32092</i>	Country

6. Name and Address of Current Registered Agent JOHNSON, STEVE E 5011 SILO ROAD ST. AUGUSTINE FL 32092	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, STEVE E 5011 SILO ROAD ST. AUGUSTINE FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Star* *df* **3-2-05 904522-0402**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

20019582



1st MOORE CR2E083 (10/04)