

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000046631**

1. Entity Name  
**PASCO PROTECTIVE COATINGS AND PAINTING L.L.C.**



Principal Place of Business  
**11145 BLACKWOOD DRIVE  
NEW PORT RICHEY, FL 34654 US**

Mailing Address  
**11145 BLACKWOOD DRIVE  
NEW PORT RICHEY, FL 34654 US**



02082007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**77-0614723**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GWATHNEY, JAMES M  
11145 BLACKWOOD DRIVE  
NEW PORT RICHEY, FL 34654**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000637137  
02/26/07-80049-007 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GWATHNEY, JAMES M
STREET ADDRESS	11145 BLACKWOOD DRIVE
CITY- ST- ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
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: JAMES M. GWATHNEY**

*James M. Gwathney* 2/12/07

727-8091245

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

Date

Daytime Phone #