

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90109 038 ****50.00

DOCUMENT # L03000047003

1. Entity Name

GRIFFIN PAINTING AND PARTNERS LC



Principal Place of Business

49 CLINT SHAW RD
PERRY FL 32347

Mailing Address

49 CLINT SHAW RD
PERRY FL 32347



2. Principal Place of Business - No P.O. Box #

3827 ROSWELL DR.
Suite, Apt. #, etc.

3. Mailing Address

3827 ROSWELL DR.
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State
TALLAHASSEE, FL

Zip
32310

Country
LEON

City & State
TALLAHASSEE, FL

Zip
32310

Country
LEON

4. FEI Number

54-2151199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, SHERRY
49 CLINT SHAW RD
PERRY FL 32347

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

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

(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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
GRIFFIN, SHERRY
STREET ADDRESS
49 CLINT SHAW RD
CITY- ST- ZIP
PERRY FL 32347 ☐ Delete

TITLE
NAME
MGRM
GRIFFIN, TERENCE
STREET ADDRESS
49 CLINT SHAW RD
CITY- ST- ZIP
PERRY FL 32347 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
GRIFFIN SHERRY
STREET ADDRESS
3827 ROSWELL DR.
CITY- ST- ZIP
TALLAHASSEE, FL 32310 ☐ Change ☐ Addition

TITLE
NAME
MGRM
GRIFFIN TERENCE
STREET ADDRESS
3827 ROSWELL DR.
CITY- ST- ZIP
TALLAHASSEE, FL 32310 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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 exemptions contained in Section 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:

Sherry Griffin

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

4-10-07 65012330
554-23

Date

Daytime Phone #