2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State

•	0	** L4	NUML	REPUR	<u> </u>		_	TAT	lay U	T, 40	07 0.0	o an
DOCUMENT # L03000047219									Secre	tary	of Sta	ıte
1. Entity Name						0.3				•	2 022 ****50	
SPENCER GRIFFIN, III, PAINTING, LLC									05 0 1 20	07 20211	2022 30	.00
							11.E					
Principal Plac	o of Business			Mailing Address	• • • • • • • • • • • • • • • • • • • •							
2376 FOSTE				2376 FOSTER	COHRT -		ļ			,	46.00	
	E, FL 32303	•		TALLAHASSEE,					- 1	1000	18733	
							1	I MENTER E	i naisu nāžstā Š		INGLANDA INTLANCA	ntil in om
2. Principal P	tace of Busines	ss - No P.O	Box#	3. Mailing Addge	SS .		 -					
536 R	abinsa	n Fal	ins Rd	536 R	binson	~ Toda	45 R	(. 'umu'	ti ditram miti meni d	IRSI BASI DAVII I	CINCI (BATA CINNI LINE)	ram m fab
Suite, Apt.	#, etc.			Suite, Apt. #, e	tc.			05012007	Chg-LLC	CI	R2E083 (12/06)	
City & State	e.	·—	-,	City & State				4. FEI Numb	per		I Ar	oplied For
Talla	hassa	2 F		Trillahas	see	1-6_		NOT A	PPLICABLE	<u> </u>	No.	ot Applicable
Zip	7	Country		Zip		ountry		5. Certificate	e of Status Des	ired [\$5.00 Add	
2921		Leon		legistered Agent	1	ean		7 News en	d Address of	New Backs	Fee Require	<u> </u>
	o. Name a	ING ACCUPA	COLLEGIE IN	rediteresen whesis		Name		7. Naile air	/ /	T t	STOLL STOLL	
	SPENCER					Chart A	ddress (P	ncer	per is Not Acce	TI A	_++	
	TER COUR 99EE, FL 3					Suee	36	Addin	Son	72 M	S_Rd.	
- HAEDAIDA	33CC, 1 E 6											
,		发发 (1)				City	- 11	1			FL Zip God	le
9 The share		! ::		the purpose of cha		J	an	2hass		of Florida	· <u> </u>	23/7
	tions of register		statement tor	ine purpose or cha	uðind ka leðir	stered office o	regisiere	o ageni, or oc	DUI, III IINE SIAIK	OI FIUNUA.	i am iammai wim,	and accept
CICKIATURE												
SIGNATURE .	Signature, typed or			7 7 7 7 7								
<u> </u>		Daniel Of Little Of	regressed agent as	nd true a applicable,	(NOTE: Regis	SSEREG AGENT BIGHT	une required	when reinstating)			DATE	
· · · · · · · · · · · · · · · · · · ·		· ·	regraphed agent as	и ше в аррисавие,	(NOTE: Rege	SIERRI AQUA BQIIGI	rune required v	when reinstating)				
	lling Fee is ue by May	\$50.00	regulatived agent as	nd title if applicable,	(NOTE: Rege	zesed Võevi agra	are required t	when restating)	F	Make che	eck payable to sartment of Stat	10
D:	iling Fee is	\$50.00 1, 2007					are required:	when renstating)	<u> </u>	Make che Torida Dep	ock payable to artment of Stat	0
9.	lling Fee is ue by May	\$50.00 1, 2007		RS/MANAGERS		10.			<u> </u>	Make che	ock payable to artment of Stat	
D:	iling Fee is	\$50.00 1, 2007	ING MEMBEF		lete		MG	RM	ADDIT	Make che lorida Dep IONS/CHAI	ock payable to partment of State	Addition
9. TITLE NAME STREET ADDRESS	iling Fee is ue by May	\$50.00 1, 2007 MANAG	IING MEMBEF	RS/MANAGERS	lete	10. Title Name Street address	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	ock payable to partment of State	
9. TITLE NAME	lling Fee is ue by May MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	RS/MANAGERS	lete	TITLE	MG Spei	RM	ADDIT Sinson (Make che lorida Dep IONS/CHAI	ock payable to partment of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	RS/MANAGERS	lete .	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	ock payable to partment of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	IS/MANAGERS □ De	lete .	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	ock payable to partment of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	IS/MANAGERS □ De	lete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	ock payable to partment of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	IS/MANAGERS □ De	lete .	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	ock payable to partment of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	IS/MANAGERS □ De	lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	ock payable to partment of State	Addition
9. 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	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	IS/MANAGERS □ De	lete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	ock payable to partment of State	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	S/MANAGERS De	lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	Change	Addition Addition Addition
9. 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	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	IS/MANAGERS □ De	lete lete lete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	ock payable to partment of State	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	S/MANAGERS De	lete	10. 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 STREET ADDRESS STREET ADDRESS	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	S/MANAGERS De	lete lete lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	S/MANAGERS De	lete lete lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	S/MANAGERS De	lete lete lete lete lete lete lete lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	S/MANAGERS De	lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME NAME	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	S/MANAGERS De	lete lete lete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	S/MANAGERS De De	lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	Change Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM GRIFFIN, S	MANAGEPENCER	ING MEMBEF	S/MANAGERS De De	lete lete lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MG Spei	RM Ner (ADDIT Sinson (Make che lorida Dep IONS/CHAI	Change Change Change Change	Addition Addition Addition Addition

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 of the register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND SAFETY OF PRINTED HAME OF SECRING IMPAGENG INCOMES. OF AUTHORIZED

3/1/07

8505281194