

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047428

FILED
Feb 17, 2005
Secretary of State

Entity Name: DAVID DOTY PAINTING CONTRACTOR, L.L.C.

Current Principal Place of Business:

312 E. 3RD ST.
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

312 E. 3RD ST.
ORLANDO, FL 32824

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOTY, DAVID
312 E. 3RD ST.
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DOTY, DAVID
Address: 312 E. 3RD ST.
City-St-Zip: ORLANDO, FL 32824

Title: MGRM () Delete
Name: PLATT, NATASHA
Address: 19220 S. O'BRIAN ST.
City-St-Zip: GROOELAND, FL 34726

Title: MGRM () Delete
Name: MCCARTHY, KELLY
Address: 306 E. 3RD ST.
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DESUE, CORNELL
Address: 312 E 3RD ST.
City-St-Zip: ORLANDO, FL 32824

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID DOTY MGRM 02/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date