2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-02-2004 90142 004 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000047849

1. Entity Name
X-CEL PAINTING LLC

Principal Place of Business	Mailing Address
3915 57TH DR. EAST BRADENTON FL 34203	3915 57TH DR. EAST BRADENTON FL 34203

2. Principal Place of Business	3. Mailing Address
3915 57th Dr. E.	3915 57th Dr E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State: Bradenton FL
Zip: 34203 Country: Manatee	Zip: 34203 Country: Manatee

4. FEI Number 38-3692937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARLTON, SCOTT 3915 57TH DR. EAST BRADENTON FL 34203	Name: Scott Charlton Street Address (P.O. Box Number is Not Acceptable): 3915 57th Dr. E. City: Bradenton FL Zip Code: 34203

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 N/A
Signature, typed or printed name of registered agent and title 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, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARLTON, SCOTT 3915 57TH DR. EAST BRADENTON FL 34203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: Scott Charlton 2/27/04 (941) 727-6636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #