


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90017 018 ****50.00

DOCUMENT # L03000047849	
1. Entity Name X-CEL PAINTING LLC	

Principal Place of Business 3915 57TH DR. E. BRADENTON FL 34203	Mailing Address 3915 57TH DR. E. BRADENTON FL 34203
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2. Principal Place of Business 3915 57TH DR. E. Suite, Apt. #, etc. N/A	3. Mailing Address 3915 57TH DR. E. Suite, Apt. #, etc. N/A
City & State Bradenton FL	City & State Bradenton FL
Zip 34203	Country Manatee

1st MOORE CR2E083 (10/04)

4. FEI Number 38-3692937		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CHARLTON, SCOTT 3915 57TH DR. E. BRADENTON FL 34203		
7. Name and Address of New Registered Agent 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 *Scott Charlton* 2/2/05
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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARLTON, SCOTT 3915 57TH DR. EAST BRADENTON FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #