


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90167 013 ****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	
2. Principal Place of Business 3915 57TH DR. E. Suite, Apt. #, etc.		3. Mailing Address 3915 57TH DR. E. Suite, Apt. #, etc.	
City & State Bradenton FL		City & State Bradenton FL 34203	
Zip 34203	Country Manatee	Zip 34203	Country Manatee
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing)</small> DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
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
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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: Scott Charlton		1/27/06 (941) 727-6636	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	