

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000048085

1. Entity Name  
JAMES BEDGOOD PAINTING LLC



Principal Place of Business  
2330 BARCELONA CT  
TALLAHASSEE, FL 32311

Mailing Address  
2330 BARCELONA CT  
TALLAHASSEE, FL 32311

2. Principal Place of Business - (No P.O. Box #)  
213 B West 9th Ave  
Suite, Apt. #, etc.

3. Mailing Address  
213 B West 9th Ave  
Suite, Apt. #, etc.

City & State  
Tall. Fl.  
Zip  
32303  
Country  
USA

City & State  
Tall Fl  
Zip  
32303  
Country  
USA

04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
59-3244817

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BEDGOOD, JAMES R  
2330 BARCELONA CT  
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name James R Bedgood  
Street Address (P.O. Box Number is Not Acceptable)  
213 B West 9th Ave  
City Tall FL Zip Code 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BEDGOOD, JAMES R  
STREET ADDRESS 2330 BARCELONA CT  
CITY - ST - ZIP TALLAHASSEE, FL 32311

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Bedgood James R  
STREET ADDRESS 213 B West 9th Ave  
CITY - ST - ZIP Tall Fl 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED  
08 APR 28 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4-28-08 570-8888