


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90022 040 ****50.00

DOCUMENT # L03000048482	
1. Entity Name DON MATHENEY PAINTING L.L.C.	

Principal Place of Business 2620 BRENTSHIRE DR. TALLAHASSEE FL 32303	Mailing Address 2620 BRENTSHIRE DR. TALLAHASSEE FL 32303
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 27-0073087	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MATHENEY, DON 2620 BRENTSHIRE DR. TALLAHASSEE FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$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	MGRM MATHENEY, DON 2620 BRENTSHIRE DR. TALLAHASSEE FL 32303 <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: Don Mathenev **DON MATHENEY** **3-26-05** **545-6444**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #