2006 LIMITED LIABILITY COMPANY

Date

Daytime Phone ii

ANNUAL REPORT					ED		
DOCUI	MENT # L03000048	623			_		
DONALD C. TINNELL PAINTING & CARPENTRY, LLC				到6 FEB 27	AM 11: 15		
+ · · · · · · · · ·				FORETAGE	MILLE 15		
Principal Place of Business Mailing Address		TA	HAHASSE	OF STATE E. FLORIDA			
83 TINNELL ROAD Monticello, FL 32344				12	LIFLURIDA		
MONTICELLO	, FL 32344	MONTICELLO, FL 32344	" .∀)		##### 19811 #### #### ####		1881 III SBB(
2. Principal Place of Business		3. Mailing Address		<u>'</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FFI Nymphy	P/ 000 /-	· · · · · ·	oplied For
				06-17	12/21	11	t Applicable
Zip	Country		Country		of Status Desired	□ \$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and	Address of New Re	egistered Agent	
TINNELL, DONALD C 83 TINNELL ROAD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	LLO, FL 32344	•	,	· "			<u>.</u>
			City			FL Zip Code	9
The above named entity submits this statement for the purpose of changing its registered.				stered agent, or bo	th, in the State of Flor	! <u></u>	and accept
the obligat	ions of registered agent.	,		•			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent signature requ	uired when reinstating)		DATE	
							-
	iling Fee is \$50.00 ue by May 1, 2006		,			e check payable to Department of State	e
		RS/MANAGERS	10.			Department of State	e
9. TITLE	ue by May 1, 2006 MANAGING MEMBE MGRM	RS/MANAGERS	TITLE		Florida	Department of State	Addition
9.	ue by May 1, 2006 MANAGING MEMBE		- 1		Florida ADDITIONS/	Department of State CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-S1-2IP	MANAGING MEMBE MGRM TINNELL, DONALD C 83 TINNELL ROAD MONTICELLO, FL 32344	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida ADDITIONS/	Department of State CHANGES ☐ Change ☐ 31 5 5 4 4 29 - 028 **5	Addition
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TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE