

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90006 042 \*\*\*\*50.00

**DOCUMENT # L03000049090**

1. Entity Name  
**TRI-CITY PAINTING, LLC**



Principal Place of Business  
**7579 W. COUNTY RD. 316  
REDDICK, FL 32686 US**

Mailing Address  
**7579 W. COUNTY RD. 316  
REDDICK, FL 32686 US**

60052709



2. Principal Place of Business - No P.O. Box #  
**5933 NE 67th St**

3. Mailing Address  
**5933 NE 67th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132007 Chg-LLC CR2E083 (12/06)

City & State  
**Silver Springs, FL**

City & State  
**Silver Springs, FL**

4. FEI Number  
**20-0434058**

Applied For  
Not Applicable

Zip  
**34488**

Country  
**Marion**

Zip  
**34488**

Country  
**Marion**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CROOK, MICHAEL E  
7579 W. COUNTY RD. 316  
REDDICK, FL 32686**

Name  
**Michael E. Crook**

Street Address (P.O. Box Number is Not Acceptable)  
**5933 NE 67th St**

City  
**Silver Springs** **FL** Zip Code  
**34488**

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

**Filing Fee is \$50.00  
Due by September 14, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CROOK, MICHAEL E  
7579 W. COUNTY RD. 316  
REDDICK, FL 32686** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MICHAEL E. CROOK  
5933 NE 67th St  
Silver Springs, FL 34488** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CROOK, JULIE A  
7579 W. COUNTY RD. 316  
REDDICK, FL 32686** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALICIA TUGWELL  
5933 NE 67th St  
Silver Springs, FL 34488** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

**(352) 236-5446**

Daytime Phone #