

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90038 050 ***138.75

DOCUMENT # L03000049090

1. Entity Name
TRI-CITY PAINTING, LLC



Principal Place of Business
5933 NE 67TH ST
SILVER SPRINGS, FL 34488 US

Mailing Address
PO BOX 771133
OCALA, FL 34477 US

60034751



04232008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
6262 NW 44th Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Ocala FL

City & State

4. FEI Number
20-0434058

Applied For
Not Applicable

Zip
34482

Country

Zip

Country

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
5933 NE 67TH ST
SILVER SPRINGS, FL 34488

Name

Street Address (P.O. Box Number is Not Acceptable)

6262 NW 44th Ave

City Ocala

FL

Zip Code 34482

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CROOK, MICHAEL E
5933 NE 67TH ST
SILVER SPRINGS, FL 34488 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CROOK, Michael E
6262 NW 44th Ave
Ocala, FL 34482 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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

Daytime Phone #