


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000049164</b> 1. Entity Name ROBERT FELLMAN PAINTING & WATERPROOFING, LLC	
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Principal Place of Business 1923 LIME TREE DRIVE EDGEWATER FL 32141	Mailing Address 1923 LIME TREE DRIVE EDGEWATER FL 32141
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  FELLMAN, ROBERT 1923 LIME TREE DRIVE EDGEWATER FL 32141	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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4. FEI Number	NO-T APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**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 \_\_\_\_\_ (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, 2007**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	<input type="checkbox"/> Change	TITLE		<input type="checkbox"/> Addition
NAME	FELLMAN, ROBERT		NAME		
STREET ADDRESS	1923 LIME TREE DRIVE		STREET ADDRESS	U00000626696	
CITY- ST- ZIP	EDGEWATER FL 32141		CITY- ST- ZIP	02/15/07-80031-002 50.00	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Robert Fellman / Robert Fellman 2/3/07 386 427 3412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #