

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000049298**

1. Entity Name  
**MASTERS TOUCH PAINTING L.L.C.**



Principal Place of Business  
**808 35TH AVE DR W  
PALMETTO, FL 34221 US**

Mailing Address  
**808 35TH AVE DR W  
PALMETTO, FL 34221 US**



07012005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1479689**

Applied For  
Not Applicable

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

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

**CHASEY, JOHN H II  
808 35TH AVE DR W  
PALMETTO, FL 34221**

**DO NOT WRITE  
IN THIS SPACE**

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

7-1-05

**Filing Fee is \$50.00  
Due by September 7, 2005**

1100000371268  
07/07/05-80010-006 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHASEY, JOHN H II 808 35TH AVE DR W PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACK, ROY 816 35TH AVE DR W PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHASEY, SANDRA 808 35TH AVE DR W PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-1-05

941-713-1993

Date

Daytime Phone #