


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000049430</b>	
1. Entity Name <b>WHITE GLOVE PAINTING &amp; PAPERING, LLC</b>	
	
Principal Place of Business <b>35 OAK AVENUE ORMOND BEACH, FL 32174 US</b>	Mailing Address <b>35 OAK AVENUE ORMOND BEACH, FL 32174 US</b>



03252007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>08-1547144</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LANGRIDGE, WALTER A 35 OAK AVENUE ORMOND BEACH, FL 32174</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LANGRIDGE, WALTER A 35 OAK AVENUE ORMOND BEACH, FL 32174</b>
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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:**

*Walter A Langridge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-7-07**

Date

**386 295-7714**

Daytime Phone #