2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/16/2005-90013-007-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 25 AM 10: 15

DOCUMENT # L03000049455

1. Entity Name
THE PAINTING COMPANY, LLC

Principal Place of Business	Mailing Address
2488 20TH AVE NORTH ST. PETERSBURG, FL 33713	100 SECOND AVE SOUTH SUITE 901 S ST. PETERSBURG, FL 33701

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0438302 ☐ Applied For ☐ Not Applicable

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
ROACH, WAYNE 2488 20TH AVE NORTH ST. PETERSBURG, FL 33713	Name BRUCE M. BLAKE Street Address (P.O. Box Number is Not Acceptable) 100 2nd AVE SOUTH STE 901S City ST. PETERSBURG FL Zip Code 33701

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] 8/16/2005
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 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYBURN, RANDALL C 2488 20TH AVE NORTH ST. PETERSBURG, FL 33713	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member BART L WYATT 100 2nd AVE SOUTH, STE 901S ST. PETERSBURG, FL 33701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member JOYCE A. KALOLESKI 100 2nd AVE SOUTH, STE 901S ST. PETERSBURG, FL 33701	☐ 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 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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #