

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90263 016 ****50.00

DOCUMENT # L03000049455

1. Entity Name
THE PAINTING COMPANY, LLC



Principal Place of Business
**2488 20TH AVE NORTH
ST. PETERSBURG, FL 33713**

Mailing Address
**100 SECOND AVE SOUTH
SUITE 901 S
ST. PETERSBURG, FL 33701**

20010000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202006 Chg-LLC CR2E083 (11/05)

City & State

City & State

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

**BLAKE, BRUCE M
100 2ND AVE SOUTH
ST. PETERSBURG, FL 33701**

Name **BART WYATT**
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, 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 May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **M** ☐ Delete
NAME **WYATT, BART L**
STREET ADDRESS **100 2ND AVE SOUTH, STE 901S**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **M** ☐ Delete
NAME **KAROLESKI, JOYCE A**
STREET ADDRESS **100 2ND AVE SOUTH, STE 901S**
CITY-ST-ZIP **ST PETERSBURG, FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 #