

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049709					
1. Entity Name ARROW PAINTING LLC					
Principal Place of Business 1513 BRANCH ST TALLAHASSEE, FL 32303			Mailing Address 1513 BRANCH ST TALLAHASSEE, FL 32303		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BARNES & JAMES, P.A. 2629 BLAIR STONE RD. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE				DATE	
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 DODRILL, JON 1513 BRANCH ST. TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 400059395394 09/07/05--01033--003 **50.00	
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	
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 and typed or printed name of signing managing member, manager, or authorized representative					
Date					
Daytime Phone #					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08302005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0442156

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

FL Zip Code

8/30/05