


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

07-22-2004 90098 046 ****50.00

DOCUMENT # L03000049722

1. Entity Name
BOB CARLSON PAINTING & PAPERING LLC



Principal Place of Business
**P O BOX 391
 NEW SMYRNA BEACH, FL 32168**

Mailing Address
**P O BOX 391
 NEW SMYRNA BEACH, FL 32168**

2. Principal Place of Business
**2525 Glenhaven Rd
 Suite, Apt. #, etc.
 New Smyrna Beach
 City & State
 FL**

3. Mailing Address
**PO BOX 391
 Suite, Apt. #, etc.
 New Smyrna Beach
 City & State
 Florida**



07192004 Chg-LLC CR2E083 (10/03)

Zip
32168 Country
USA

Zip
32168 Country
USA

4. FEI Number
20-0405186 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**CARLSON, ROBERT W
 P O BOX 391
 NEW SMYRNA BEACH, FL 32168**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2525 GLENHAVEN RD
 City
New Smyrna Beach FL Zip Code
32168

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: *Robert William Carlson* DATE: **7-19-04**

Signature typed or printed name of registered agent and title if applicable. (DATE: Registered Agent signature required when renewing)

**Filing Fee is \$50.00
 Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM CARLSON, ROBERT W P O BOX 391 NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: *Robert William Carlson* DATE: **7-19-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #

Attachment



34009836

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 26, 2004

BOB CARLSON PAINTING & PAPERING LLC
P O BOX 391
NEW SMYRNA BEACH, FL 32168

Subject: BOB CARLSON PAINTING & PAPERING LLC

Reference Number: L03000049722

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a Florida street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION

*Physical address
added to physical
page
see next page*