

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049722

**FILED**  
**Apr 12, 2005**  
**Secretary of State**

**Entity Name:** BOB CARLSON PAINTING & PAPERING LLC

**Current Principal Place of Business:**

2525 GLENHAVEN RD  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

515 WAYNE AV  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

P O BOX 391  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 20-0405186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLSON, ROBERT W  
2525 GLENHAVEN RD  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

CARLSON, ROBERT W  
515 WAYNE AV  
NEW SMYRNA BEACH, FL 32168 US

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.

**SIGNATURE:** ROBERT W CARLSON

04/12/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** CARLSON, ROBERT W  
**Address:** P O BOX 391  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 W CARLSON

MGRM

04/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date