

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03090050172

1. Entity Name

CUSTOMIZED PAINTING, LLC



Principal Place of Business

**3105 E 8TH ST
SPRINGFIELD, FL 32401 US**

Mailing Address

**3105 E 8TH ST
SPRINGFIELD, FL 32401 US**



03232006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

03-0532158

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STRICKLAND, BESSIE D
3105 E 8TH ST
SPRINGFIELD, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STRICKLAND, YANCY K
STREET ADDRESS	3105 E 8TH ST
CITY - ST - ZIP	SPRINGFIELD, FL 32401
TITLE	MGRM
NAME	STRICKLAND, BESSIE D
STREET ADDRESS	3105 E 8TH ST
CITY - ST - ZIP	SPRINGFIELD, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**U00000533644
05/06/06-80132-004 50.00**

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-06 819-0815