2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 11, 2007 08:00 All Secretary of State DOCUMENT # L03000050557 1. Entity Name RICHARD'S PAINTING & PAPERHANGING LLC Principal Place of Business Mailing Address 9021 LEDGESTONE LANE PT RICHEY FL 34668 9021 LEDGESTONE LANE PT RICHEY FL 34668 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & Stato 4. FEI Number 59-2479061 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo NORRIS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 9021 LÉDGESTONE LANE PT RICHEY FL 34668 Zip Code Cilv 8. The above named onlity 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE ☐ Change Addition 1004 ☐ Defete NAME NAME NORRIS, RICHARD U00000699228 04/19/07-80034-009 50.00 STREET ADDRESS STREET ADDRESS 9021 LEDGESTONE LN CHY-ST-7IP CHY-SI-7P PORT RICHEY FL 34668 Delete Change Addition HILL THILE NAME NAME STRUET ADDRESS STREET ADDRESS CHY-S1-7IP CHY-S1-70 ☐ Change ☐ Addition IIILE ☐ Delete TITLE NAMI NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP city-St-7iF ☐ Change ☐ Addition TITLE ☐ Delete 1011 NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-S1-ZIP ☐ Delete 1001 ☐ Change Addition пы NAME NAMI STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP Change Addition MILE Delete THE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(1Y-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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