2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Apr 23, 2008 08:00 AN Secretary of State DOCUMENT # L03000050557 1. Entity Name RICHARD'S PAINTING & PAPERHANGING LLC Principal Place of Business Mailing Address 9021 LEDGESTONE LANE 9021 LEDGESTONE LANE PT RICHEY FL 34668 PT RICHEY FL 34668 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 59-2479061 Not Applicable Ζıp Country Zip 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 Name NORRIS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 9021 LEDGESTONE LANE PT RICHEY FL 34668 City Z-p Code 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 samed harrie of registered agent and the diapphoadle (NOTE: Registered Agent's gladure required when reinstaling) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 U000000915973 Make Check Payable to Florida Department of State 05/12/08-80009-012 138.75 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Delete TITLE Addition Change NORRIS, RICHARD NAME STREET ADDRESS 9021 LEDGESTONE LN STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY - ST - Z:P TITLE Delete TiTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- Z:P THILE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-7:F TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ACCRESS CHTY-ST-7IP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Addition ☐ Change NAME NAME

11. I hereby certify that the information supplied with this filing does not quality 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

4-21-08

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