

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
Feb 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # L03000050721 1. Entity Name FLAMINGO PAINTING & RENOVATION, LLC	
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Principal Place of Business 3340 HENRY J. AVE ST. CLOUD, FL 34772 US	Mailing Address 3340 HENRY J. AVE ST. CLOUD, FL 34772 US
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01072005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3117445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BELFORD, LINDA S  
3340 HENRY J. AVE  
ST. CLOUD, FL 34772

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELFORD, SIDNEY E 3340 HENRY J. AVE ST. CLOUD, FL 34772
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000000210580  
02/02/05-80087-001 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:  1/26/05 407-892-1610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #