

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 19, 2008 8:00 am
Secretary of State

07-14-2008 90096 030 ***138.75

DOCUMENT # L03000050986

1. Entity Name
RYALS PAINTING, LLC



Principal Place of Business
**18 TRAM CIRCLE
SOPCHOPPY, FL 32358**

Mailing Address
**18 TRAM CIRCLE
SOPCHOPPY, FL 32358**

30010941



07082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2220497

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RYALS, JACKIE L
18 TRAM CIRCLE
SOPCHOPPY, FL 32358**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RYALS, JACKIE W
STREET ADDRESS	18 TRAM CIRCLE
CITY- ST- ZIP	SOPCHOPPY, FL 32358
TITLE	MGR
NAME	RYALS, JACKIE L
STREET ADDRESS	18 TRAM CIRCLE
CITY- ST- ZIP	SOPCHOPPY, FL 32358
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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 #

Jackie Ryals
7/9/08

ATTACHMENT

Reference # 30010921
Lo300050986

August 18, 08

We did not receive prior
notice that a late fee of 400.00
would be charged therefore
we believe we should not
have to pay to \$ 400.00

Thank you
Jackie Repas