2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051914

1. Entity Name

RAINBOW PLASTERING REPAIR LLC

Principal Place of Business

6165 CHESHAM DR., #4
NEW PORT RICHEY FL 34653

Mailing Address

6165 CHESHAM DR., #4
NEW PORT RICHEY FL 34653

2. Principal Place of Business: 6165 CHESHAM DR #4
Suite, Apt #, etc.
City & State: NEW PORT RICHEY
Zip: 34653 Country: PASCO

3. Mailing Address: Ralph Hinkel, 6165 Chesham Dr 4, New Port Richey Fl 34653
Zip Country: PASCO

1st MOORE CR2E083 (10/05)

4. FEI Number 03-0530889 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HINKEL, RALPH W
6165 CHESHAM DR., #4
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HINKEL, RALPH W		NAME	U00000402212	
STREET ADDRESS	6165 CHESHAM DR., #4		STREET ADDRESS	02/02/06--80077--015 50.00	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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: Ralph W. Hinkel 1/23/06-727-848-2333