

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052180

Entity Name: OLSON PAINTING SERVICE LLC

FILED
Jul 12, 2005
Secretary of State

Current Principal Place of Business:

2426 COMO ST
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

214 MARKER RD
ROTONDA, FL 33947

Current Mailing Address:

2426 COMO ST
PORT CHARLOTTE, FL 33948

New Mailing Address:

214 MARKER RD
ROTONDA, FL 33947

FEI Number: 11-3709511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HEPLER, JOHN
2426 COMO ST
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

TRUAX, NEIL
214 MARKER RD
ROTONDA, FL 33947 US

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.

SIGNATURE: NEIL TRUAX

07/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HELPER, JOHN
Address: 2426 COMO ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HELPER, JOHN
Address: 2426 COMO ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM () Change (X) Addition
Name: GABREE, JIM
Address: 214 MARKER RD
City-St-Zip: RONTONDA, FL 33947

Title: MGRM () Change (X) Addition
Name: TRUAX, NEIL
Address: 214 MARKER RD
City-St-Zip: ROTONDA, FL 33947

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEIL TRUAX

MGRM

07/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date