

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000052180

FILED
Jun 09, 2006
Secretary of State**Entity Name:** OLSON PAINTING SERVICE LLC**Current Principal Place of Business:**214 MARKER RD
ROTONDA, FL 33947**New Principal Place of Business:****Current Mailing Address:**214 MARKER RD
ROTONDA, FL 33947**New Mailing Address:****FEI Number:** 20-3811052**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRUAX, NEIL
214 MARKER RD
ROTONDA, FL 33947 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** VP (X) Delete
Name: GABREE, JIM
Address: 214 MARKER RD
City-St-Zip: RONTONDA, FL 33947**Title:** P () Delete
Name: TRUAX, NEIL
Address: 214 MARKER RD
City-St-Zip: ROTONDA, FL 33947**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

P

06/09/2006

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