


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000052423 1. Entity Name WORD OF MOUTH PAINTING, LLC	
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Principal Place of Business 2695 NE CYPRESS LANE JENSEN BEACH, FL 34957	Mailing Address 2695 NE CYPRESS LANE JENSEN BEACH, FL 34957
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DO NOT WRITE IN THIS SPACE



01072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 92-0189927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, THOMAS M
2695 NE CYPRESS LANE
JENSEN BEACH, FL 34957

**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 reinstalling) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYNOLDS, THOMAS M 2695 NE CYPRESS LANE JENSEN BEACH, FL 34957
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02/01/05-80016-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Thomas M Reynolds* *Thomas M Reynolds* 1-772-1-28-05 485-8440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #