


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000052482</b><br>1. Entity Name<br><b>MAJESTIC PAINTING LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>3213 NE 14TH AVE<br/>OCALA, FL 34479 US</b> | Mailing Address<br><b>3213 NE 14TH AVE<br/>OCALA, FL 34479 US</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC


CR2E083 (12/07)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>27-0074129</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|--|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>NAGLE, MICHAEL C JR<br/>3213 NE 14TH AVE<br/>OCALA, FL 34479</b> |
|--|

**DO NOT WRITE  
IN THIS SPACE**

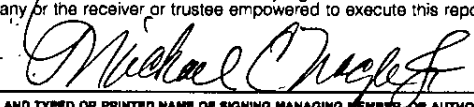
|   |  |                     |
|---|--|---------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |  |                     |
| SIGNATURE   | (NOTE: Registered Agent signature required when reinstating) | DATE <b>1/22/08</b> |

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>NAGLE, MICHAEL C JR<br/>3213 NE 14TH AVE<br/>OCALA, FL 34479</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

U00000796153  
01/29/08-80021-016 143.75

|  |                     |                 |
|--|---------------------|-----------------|
| 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:    | Date <b>1/22/08</b> | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   |                     |                 |