2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT # L03000052590

1. Entity Name

PERMANENT PAINT & DRYWALL, L.L.C.



FILED Feb 11, 2008 08:00 Al Secretary of State

| Principal Place of Systems | TEMPORALITY FAMILY & DIST FFACE, E.E.O. | | | | | | 7 | | | | | |
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| HOLMES BEACH FL 94217 | Principal Piac | ce of Business | | Mailing Address | Mailing Address | | \dashv | | | | | |
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| Zip Country Zip Country S. Certificate of Status Desired S. 50.00 Additional Repetition of Status Desired Agent Status De | Suite, Apt. | . #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #. etc. | | | 1st MOORE | CR2E08 | 3 (10/07) | | |
| Country | City & Star | 16 | | City & State | City & State | | | ^{mper} 27-0075178 | 3 | | | |
| Name | Zíp | | Country | Zip | Zip Gountry | | 5. Certifica | ate of Status Desired | \triangle | \$5.00 Ad | ditional | |
| MEISSNER, CREGORY C 1111 3RD AVENUE WEST SUITE 150 BRADENTON FL 34205 | | 6. Name t | and Address of Currer | nt Registered Agent | | | 7. Name a | nd Address of New R | Registered | Agent | | |
| Signary Houses and Acceptables Signary Houses Signary | | | | Name | | | | | | | | |
| BRADENTON FL 34205 6. The above named entity submism misstatement for the purposa of changing is registered agent, or point, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or point, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or point, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or point, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or point, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or point, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or point, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or point, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or point, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or point, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or point, in the State of Florida. I am familiar with and accept the point of State of the obligations of the State of Priorida Department of State of the State of State of the State of the State of State of the State of | 1111 3RD AVENUE WEST | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| B. The above named entity submiss this statement for the purpose of changing its registered agent, or coth, in the State of Flonds. I am familiar with and accept the obligations of registered agent. | | | | | | | | | | 15.0 | | |
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| SIGNATURE Part Par | 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 | | | | | | | | | | | |
| Section Process Proc | | | | | | | | | | | | |
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