


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90030 033 ****50.00

DOCUMENT # L03000052833					
1. Entity Name AMOS ROSS PAINTING LLC					
Principal Place of Business 4906 CENTER DR. TALLAHASSEE, FL 32305			Mailing Address 4906 CENTER DR. TALLAHASSEE, FL 32305		
2. Principal Place of Business <i>Same as mailing</i>		3. Mailing Address <i>721 Crossway Rd.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Tallahassee</i>		4. FEI Number <i>050615942</i>	
Zip		Country <i>Leon</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <i>32305</i>		Country <i>Leon</i>		6. Name and Address of Current Registered Agent ROSS, AMOS 4906 CENTER DR. TALLAHASSEE, FL 32305	
City & State		7. Name and Address of New Registered Agent			
City		Name			
State FL		Street Address (P.O. Box Number is Not Acceptable)			
Zip Code		City			
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, AMOS 4906 CENTER DR. TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Amos Ross</i> 4-29-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					