

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000052880 1. Entity Name AL A. ADKISON PAINTING, L.L.C.	
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Principal Place of Business 2693 NW LANSING DRIVE ARCADIA, FL 34266	Mailing Address P.O. BOX 691 ARCADIA, FL 34265
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07192005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0517308	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

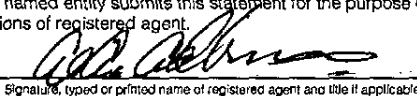
6. Name and Address of Current Registered Agent

SICA, VINCENT A 10 S. DESOTO AVE., SUITE 101 ARCADIA, FL 34266
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**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



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07-19-05

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

U000000374018
07/22/05-80004-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADKISON, AL A PO BOX 691 ARCADIA, FL 34266
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**DO NOT WRITE
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07-19-05

DATE

863-558-1425

863-993-9255

Daytime Phone #