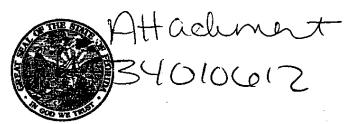


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/13/20

FILED Sep 30, 2004 8:00 am Secretary of State

09-13-2004 90133 032 ****50.00 **DOCUMENT # L03000053238** MANNIX PAINTING & WALL COVERINGS, LLC 34010612 Principal Place of Business Mailing Address 2437 10TH AVE SW 2437 10TH AVE SW LARGO, FL 33770 LARGO, FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08312004 Chq-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 24 *31 s* Not Applicable Country Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DYKSTRA: WILLIAM:1" 619 HIGHLAND AVE Straat Address (P.O. Box Number is Not Acceptable) -LARGO, FL 33770; Zip Code 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. Make check payable to Filing Fee is \$50.00 Due by September 8, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition TITLE Deleta TITLE ☐ Change MANNIX, RAYMOND J 2437 10TH AVE SW STREET ADDRESS STREET ADDRESS LARGO, FL 33770 CITY-ST-ZIP CETY-ST-719 Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP ☐ Delette TITLE ☐ Change - 🔲 Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .Change Addition THE . . TITLE Delete... XAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ITTLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 acculate and that my signature shall have the same legal affect as if made under oath; that I am a managing member or manager of the limited liability company or the repeiver or trustee empowered to execute this report as required the Chapter 608, Florida Statutes.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State.

September 15, 2004

MANNIX PAINTING & WALL COVERINGS, LLC 2437 10TH AVE SW LARGO, FL 33770

Subject: MANNIX PAINTING & WALL COVERINGS, LLC

Reference Number:

L03000053238

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH ANNUAL REPORTS SECTION