2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

02-22-2005 90074 043 ****50.00

30003040

03182005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000053879

1. Entity Name
R C PAINTING, L.L.C.

Principal Place of Business	Mailing Address
~~1918 MANGO TREE DRIVE~~ 2613 TAMARIND DR EDGEWATER, FL 32141	~~1918 MANGO TREE DRIVE~~ 2613 TAMARIND DR. EDGEWATER, FL 32141

2. Principal Place of Business	3. Mailing Address
2613 Tamarind Dr.	2613 Tamarind Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Edgewater, Fl	City & State: Edgewater, Fl
Zip: 32141 Country: US	Zip: 32141 Country: US

4. FEI Number: 20-0497277 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, ROGER
~~1918 MANGAO TREE DRIVE~~ 2613 TAMARIND DR.
EDGEWATER, FL 32141

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE Roger Chandler 3-29-05
Signature, typed or printed name of registered agent and title if applicable. (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	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHANDLER, ROGER		NAME	
STREET ADDRESS	~~1918 MANGO TREE DRIVE~~ 2613 TAMARIND DR		STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WHEELER, MILFORD		NAME	
STREET ADDRESS	3224 ORANGE TREE DR.		STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			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 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: Roger Chandler 3-29-05 368-4289933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/22/2005-90074-043-$50.00-$50.00

DOCUMENT # L03000053879

1. Entity Name
R C PAINTING, L.L.C.

ATTACHMENT
30003040

Principal Place of Business	Mailing Address
1918 ~~MANGO~~ TREE DRIVE EDGEWATER, FL 32141	1918 ~~MANGO~~ TREE DRIVE P.O.Bo EDGEWATER, FL 32141

02022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2613 Tamarind	P.O. Box 1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Edgewater, FL	City & State: New Smyrna Bch, F
Zip: 32141 Country: USA	Zip: 32170 Country: USA

4. FEI Number: 20-0497277 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHANDLER, ROGER ~~1918 MANGAO TREE DRIVE~~ ~~EDGEWATER, FL 32141~~ P.O Box 1966 New Smyrna Bch, FL 32170	Name Street Address (P.O. Box Number is Not Acceptable) City FL: 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.

SIGNATURE: Roger Chandler 2-15-05
Signature, typed or printed name of registered agent and title if applicable. (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	MGRM CHANDLER, ROGER 1918 MANGO TREE DRIVE EDGEWATER, FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WHEELER, MILFORD 3224 ORANGE TREE DR. EDGEWATER, FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Tamara Hall - MGR.~~ 609 Sea Gull Court ~~Edgewater FL 32141~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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SIGNATURE: Roger Chandler 2-15-05 386-428-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #