

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000054074

1. Entity Name
BILL COBLE PAINTING L.L.C.



Principal Place of Business

8536 BANNERMAN BLUFF DR
TALLAHASSEE, FL 32312

Mailing Address

8536 BANNERMAN BLUFF DR
TALLAHASSEE, FL 32312

2. Principal Place of Business

8536 BANNERMAN
Suite, Apt. #, etc.
Bluff Dr

3. Mailing Address

8536 BANNERMAN BLUFF DR

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32312

Country

Leon

Zip

32312

Country

Leon

6. Name and Address of Current Registered Agent

COBLE, WILLIAM C
8536 BANNERMAN BLUFF DR
TALLAHASSEE, FL 32312

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

WILLIAM COBLE

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

(NOTE: Registered Agent signature required when reinstating)

6/30/05

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME COBLE, BILL
STREET ADDRESS 8536 BANNERMAN BLUFF DR
CITY-ST-ZIP TALLAHASSEE, FL 32312

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

*2000057314662
07/12/05--01008--008 **\$50.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *WILLIAM COBLE*

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

6/30/05

Date

Daytime Phone #

*FILED
05 JUL 1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA*

