

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90046 047 \*\*\*\*50.00

**DOCUMENT # L03000054172**

1- Entity Name

**TERRY L. MANNING PAINTING CONTRACTOR, LLC**



Principal Place of Business

**548 N. LEAVITT AVE  
ORANGE CITY, FL 32763**

Mailing Address

**548 N. LEAVITT AVE  
ORANGE CITY, FL 32763**

**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**75-3143938**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MANNING, TERRY L  
548 N. LEAVITT AVE  
ORANGE CITY, FL 32763**

**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

*Terry L Manning*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-07-05*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MANNING, TERRY L  
548 N. LEAVITT AVE  
ORANGE CITY, FL 32763**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*TERRY L. MANNING*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4-07-05*  
Date

*386-775-4469*  
Daytime Phone #