

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 13, 2008 08:00 AM  
Secretary of State**

**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**



03062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000856852  
03/28/08-80028-021 138.75

**9. MANAGING MEMBERS/MANAGERS**

|                       |                              |
|-----------------------|------------------------------|
| <b>TITLE</b>          | <b>MGRM</b>                  |
| <b>NAME</b>           | <b>MANNING, TERRY L</b>      |
| <b>STREET ADDRESS</b> | <b>548 N. LEAVITT AVE</b>    |
| <b>CITY-ST-ZIP</b>    | <b>ORANGE CITY, FL 32763</b> |
| <b>TITLE</b>          |                              |
| <b>NAME</b>           |                              |
| <b>STREET ADDRESS</b> |                              |
| <b>CITY-ST-ZIP</b>    |                              |
| <b>TITLE</b>          |                              |
| <b>NAME</b>           |                              |
| <b>STREET ADDRESS</b> |                              |
| <b>CITY-ST-ZIP</b>    |                              |
| <b>TITLE</b>          |                              |
| <b>NAME</b>           |                              |
| <b>STREET ADDRESS</b> |                              |
| <b>CITY-ST-ZIP</b>    |                              |
| <b>TITLE</b>          |                              |
| <b>NAME</b>           |                              |
| <b>STREET ADDRESS</b> |                              |
| <b>CITY-ST-ZIP</b>    |                              |

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

**3/10/08**

Date

**386-  
775-4469**

Daytime Phone #