2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L03000054742

1. Entity Name SAL'S PAINTING, LLC



FILED Apr 18, 2007 08:00 AM Secretary of State

Principal Place of Business

7422 CHAPEL AVE NEW PORT RICHEY, FL 34652 Mailing Address

7422 CHAPEL AVE NEW PORT RICHEY, FL 34652



03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3425229

Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CUCCO, SAL 7422 CHAPEL AVE NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

	FINANCE - 1- 670 00			
SIG	NATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	The above named entity submits this statement for the purpose of clothe obligations of registered agent.	hanging its registered office or registered agent, or both, in	the State of Florida I am familiar with, and acc	ept

Filing Fee is \$50.00 Due by May 1, 2007

9.

	THE THE MEMBER 10, 111, 40, 62, 10
TITLE	MGR
NAME	CUCO, SAL
STREET ADDRESS	7422 CHAPEL AVE
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME :	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	pertify that the information supplied with this filling does not qualify for the

MANAGING MEMBERS/MANAGERS

DO NOT WRITE IN THIS SPACE

U00000714019 04/27/07-80006-019 50.00

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

SIGNATURE: Sal Cucio

4/15/07

127 842 9631

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

Date

Daytime Phone #