

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054759

**FILED**  
**Feb 04, 2006**  
**Secretary of State**

**Entity Name:** TOMMY SMITH PAINTING, LLC

**Current Principal Place of Business:**

2619 TRINITY CIRCLE NW  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

**Current Mailing Address:**

2619 TRINITY CIRCLE NW  
WINTER HAVEN, FL 33881 US

**New Mailing Address:**

**FEI Number:** 59-3059350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMITH, THOMAS  
2619 TRINITY CIRCLE NW  
WINTER HAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

SMITH, THOMAS D  
2619 TRINITY CIRCLE NW  
WINTER HAVEN, FL 33881 US

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.

**SIGNATURE:** THOMAS D. SMITH

02/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SMITH, THOMAS D  
**Address:** 2619 TRINITY CIRCLE NW  
**City-St-Zip:** WINTER HAVEN, FL 33881 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** THOMAS D. SMITH

MGRM

02/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date