2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State
02-04-2005 90104 017 ****50.00

DOCUMENT # L03000054772

1. Entity Name
JAIME'S PAINTING, LLC

Principal Place of Business	Mailing Address
11419 ARIES DRIVE ORLANDO, FL 32837	11419 ARIES DRIVE ORLANDO, FL 32837

01312005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
3533 SUNSET ISLES BLVD		P.O. BOX 772044	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: KISSIMMEE, FL		City & State: ORLANDO, FL	
Zip: 34746	Country: OSCEOLA	Zip: 32877-2044	Country: ORANGE

4. FEI Number: 20-0945595 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOAIZA, JAIME
11419 ARIES DRIVE
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 3533 SUNSET ISLES BLVD
City: KISSIMMEE FL Zip Code: 34746

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] DATE: 2/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	LOAIZA, JAIME	
STREET ADDRESS	11419 ARIES DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	3533 SUNSET ISLES BLVD	
CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: ✓ [signature] JAIME LOIZA 2/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #