

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2007 8:00 am
Secretary of State

02-06-2007 90030 033 ****50.00

DOCUMENT # L03000054772

1. Entity Name
JAIME'S PAINTING, LLC



Principal Place of Business
**3533 SUNSET ISLES BLVD
KISSIMMEE, FL 34746**

Mailing Address

30010570



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
3533 SUNSET ISLES BLVD
KISSIMMEE, FL 34746**

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

(NOTE: Registered Agent signature required when reinstating)

1/29/07
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LOAIZA, JAIME
STREET ADDRESS	3533 SUNSET ISLES BLVD
CITY-ST-ZIP	KISSIMMEE, FL 34746

TITLE	
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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 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 606, Florida Statutes.

SIGNATURE: *[Signature]*

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

6/5/07
Date

Daytime Phone #