FILED
May 19, 2004 8:00 am
Secretary of State
04-07-2004 90352 030 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000055323

1. Entity Name
BILL STALCUP PAINTING "LLC"

34006696

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
259 MONTEREY AVE ST. AUGUSTINE FL 32084	259 MONTEREY AVE ST. AUGUSTINE FL 32084

2. Principal Place of Business: Home	3. Mailing Address: 259 Monterey Ave.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: St. Augustine FL	City & State	4. FEI Number: 200529856	Applied For / Not Applicable
Zip: 32084 Country: St. Johns	Zip / Country	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STALCUP, WILLIAM D
259 MONTEREY AVE
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM William D. Stalcup 259 Monterey Ave. St. Augustine FL. 32084 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: William D. Stalcup William D. Stalcup 3-31-04 904-829-6598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #