

Apr 29 04 01:14p

The Tax Shop

5/3/2004

FILED
May 20, 2004 8:00 am
Secretary of State

05-03-2004 90124 011 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055680					
1. Entity Name PATTI'S PRECISION PAINTING, LLC.					
Principal Place of Business 103 9TH STREET BELLEAIR BEACH, FL 33786			Mailing Address 103 9TH STREET BELLEAIR BEACH, FL 33786		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 04272004 Chg-LLC CR2E083 (10/03) 57-119-6506				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PETTERSON, PATRICIA A 103 9TH STREET BELLEAIR BEACH, FL 33786				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 _____ (NOTE: Registered Agent signature required when removing)					
Filing Fee is \$50.00 Due by May 1, 2004					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete			
NAME	PETTERSON, PATRICIA A				
STREET ADDRESS	103 9TH STREET				
CITY- ST- ZIP	BELLEAIR BEACH, FL 33786				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Delete ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, trustee empowered to execute this report as required by Chapter 805, Florida Statutes.					
SIGNATURE: <u>Patricia A. Peterson</u> Date: <u>5/3/2004</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					