


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000056336</b> 1. Entity Name <b>CAMPBELL'S CONTRACT PAINTING, LLC</b>		
Principal Place of Business <b>28 CAMPBELL ROAD LAMONT, FL 32336</b>	Mailing Address <b>28 CAMPBELL ROAD LAMONT, FL 32336</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CAMPBELL, ARCHIE G 28 CAMPBELL ROAD CAMPBELL'S CONTRACTING PAINTING, LLC LAMONT, FL 32336</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CAMPBELL, ARCHIE G 28 CAMPBELL ROAD LAMONT, FL 32336</b>	
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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: <u>Archie G. Campbell</u> <b>Archie G. Campbell</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<b>4/04/05</b> <b>850-933-6497</b> <small>Date Daytime Phone #</small>



01102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

**59-3162024**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

000000289338  
04/06/05-80022-024 50.00