

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90166 026 ****55.00

DOCUMENT # L03000056405

1. Entity Name

ARTHUR GRAY PAPER HANGING, LLC



Principal Place of Business

4430 PENINSULA POINT
SANFORD FL 32771
US

Mailing Address

4430 PENINSULA POINT
SANFORD FL 32771
US



2. Principal Place of Business

163 E. GOODHEART AVE

Suite, Apt. #, etc.

3. Mailing Address

163 E GOODHEART AVE

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

LAKE MARY FL

City & State

LAKE MARY FL

4. FEI Number

35-2221978

Applied For

Not Applicable

Zip

32746-2803

Country

USA.

Zip

32746-2803

Country

USA.

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, ARTHUR M
4430 PENINSULA POINT
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

ARTHUR M. GRAY

Street Address (P.O. Box Number is Not Acceptable)

163 E GOODHEART AVE

City

LAKE MARY

FL

Zip Code

32746-2803

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

Arthur M. Gray

MGR.

2/1/06

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, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME GRAY, ARTHUR M
STREET ADDRESS 4430 PENINSULA POINT
CITY-ST-ZIP SANFORD FL 32771

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 MGR ☒ Change ☐ Addition
NAME ARTHUR M GRAY
STREET ADDRESS 163 E GOODHEART AVE
CITY-ST-ZIP LAKE MARY FL 32746-2803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: *Arthur M. Gray* *Arthur M. Gray*

2/01/06 401-687-8332

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

Date

Daytime Phone #