

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90040 039 ****50.00

DOCUMENT # L03000056899

1. Entity Name

COLORS PROFESSIONAL PAINTING, LLC



Principal Place of Business

5569 JESSAMINE LN.
ORLANDO FL 32839

Mailing Address

5569 JESSAMINE LN.
ORLANDO FL 32839

2. Principal Place of Business

7769 NE. 305 CT.

3. Mailing Address

Suite, Apt. #, etc. SAME



1st MOORE

CR2E083 (10/04)

City & State

Ft. McCoy FL

City & State

Ft McCoy

4. FEI Number

18-2384163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, BRAD E
5569 JESSAMINE LN.
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name WARD, BRAD E.
Street Address (P.O. Box Number is Not Acceptable)
7769 NE. 305 CT.

City Ft. McCoy FL Zip Code 32134

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 Brad E Ward

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

Brad E Ward

(NOTE: Registered Agent signature required when reinstating)

2/22/05

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WARD, BRAD E
STREET ADDRESS 5569 JESSAMINE LN.
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME WARD, BRAD E
STREET ADDRESS 7769 N.E. 305 CT.
CITY-ST-ZIP Ft. McCoy FL 32134 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Brad E Ward 2/22/05 352-685-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #