

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000056899**

1. Entity Name

COLORS PROFESSIONAL PAINTING, LLC



Principal Place of Business

7769 NORTHEAST 305 COURT  
FORT MC COY FL 32134

Mailing Address

7769 NORTHEAST 305 COURT  
FORT MC COY FL 32134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

18-2384163

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, BRAD E  
7769 NORTHEAST 305 COURT  
FORT MC COY FL 32134

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME WARD, BRAD E  
STREET ADDRESS 7769 NORTHEAST 305 COURT  
CITY ST ZIP FORT MC COY FL 32134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

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TITLE ☐ Delete  
NAME  
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CITY ST ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition  
000000004105  
01/23/07-80040-008 50.00

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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:** *Brad E Ward* *Brad E Ward* 1/22/07 352-685-2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #