

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90026 028 \*\*\*\*50.00

**DOCUMENT # L03000057036**

1. Entity Name  
**RODNEY'S PAINTING & PRESSURE CLEANING, LLC**



Principal Place of Business

**1103 NE 21ST TERR.  
OCALA, FL 34470**

Mailing Address

**1103 NE 21ST TERR.  
OCALA, FL 34470**



04102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0528433**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BUCHALLA, C. RODNEY**

~~1103 NE 21ST TERR.~~

**OCALA, FL 34470**

*2040 NE 28th ST.*

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BUCHALLA, C. RODNEY  
~~1103 NE 21ST TERR.~~ 2040 NE 28th ST.  
OCALA, FL 34470**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BUCHALLA, DONNA R  
~~1103 NE 21ST TERR.~~ 2040 NE 28th ST  
OCALA, FL 34470**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*C. Rodney Buchalla*  
**C. Rodney Buchalla**

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

*4/9/07 (352) 622-6979*

Date

Daytime Phone #