



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90053 007 \*\*\*138.75

<b>DOCUMENT # L03000057036</b> 1. Entity Name <b>RODNEY'S PAINTING &amp; PRESSURE CLEANING, LLC</b>					
Principal Place of Business <b>1103 NE 21ST TERR. OCALA, FL 34470</b>				Mailing Address <b>1103 NE 21ST TERR. OCALA, FL 34470</b>	
2. Principal Place of Business - No P.O. Box # <b>2040 NE 28<sup>TH</sup> STREET</b>		3. Mailing Address <b>2040 NE 28<sup>TH</sup> STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008    Chg-LLC    CR2E083 (12/06)	
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>		4. FEI Number <b>20-0528433</b>	
Zip <b>34470</b>		Country <b>Marion</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUCHALLA, C. RODNEY 2040 NE 28TH ST OCALA, FL 34470</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>	
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>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BUCHALLA, C. RODNEY 2040 NE 28TH ST OCALA, FL 34470</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BUCHALLA, DONNA R 2040 NE 28TH ST OCALA, FL 34470</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: C. Rodney Buchalla</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small> <b>1-17-08</b>	