


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000057112	
1. Entity Name A.H. PAINTING, LLC	

Principal Place of Business 7929 LAFFIT DRIVE JACKSONVILLE, FL 32217 US	Mailing Address 7929 LAFFIT DRIVE JACKSONVILLE, FL 32217 US
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01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  HAXHIJA, AHMET 7929 LAFFIT DRIVE JACKSONVILLE, FL 32217
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAXHIJA, AHMET 7929 LAFFIT DRIVE JACKSONVILLE, FL 32217
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01/11/07-80003-006 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 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:** Ahmet Haxhija 1/8/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #