

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057545

FILED
Apr 27, 2009
Secretary of State

Entity Name: ABC NAVARRE PAINTING LLC

Current Principal Place of Business:

2755 PENN ST.
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

2755 PENN ST.
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 35-2319909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

HARP, WILLIAM F P
2755 PENN ST.
NAVARRE, FL 32566 US

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.

SIGNATURE: WILLIAM HARP

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HARP, WILLIAM
Address: 2755 PENN ST.
City-St-Zip: NAVARRE, FL 32566 US

Title: VP () Delete
Name: TAYLOR, RICHARD
Address: 2755 PENN STREET
City-St-Zip: NAVARRE, FL 32566

Title: SEC () Delete
Name: HARP, DEWEY R JR.
Address: 2755 PENN ST.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: LAMBDIN, CHUCK
Address: 2755 PENN ST.
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM HARP

P

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date