

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000566

FILED
Apr 29, 2007
Secretary of State

Entity Name: KUHN PAINTING & REPAIRS LLC

Current Principal Place of Business:

17223 SW 30TH AVE.
NEWBERRY, FL 32669 US

New Principal Place of Business:

17309 SW 30TH AVE.
NEWBERRY, FL 32669 US

Current Mailing Address:

17223 SW 30TH AVE.
NEWBERRY, FL 32669 US

New Mailing Address:

17309 SW 30TH AVE.
NEWBERRY, FL 32669 US

FEI Number: 45-0500271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUHN, DEBRA K
17223 SW 30TH AVE.
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

KUHN, DEBRA K
17309 SW 30TH AVE.
NEWBERRY, FL 32669 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:

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KUHN, DEBRA K
Address: 17223 SW 30TH AVE.
City-St-Zip: NEWBERRY, FL 32669 US

Title: MGR () Delete
Name: KUHN, LEE E
Address: 17223 SW 30TH AVE.
City-St-Zip: NEWBERRY, FL 32669 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KUHN, DEBRA K
Address: 17309 SW 30TH AVE.
City-St-Zip: NEWBERRY, FL 32669 US

Title: MGRM (X) Change () Addition
Name: KUHN, LEE E
Address: 1927 NW 31ST PL
City-St-Zip: GAINESVILLE, FL 32605 US

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: DEBRA K. KUHN

MGR

04/29/2007

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