2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

ANNUAL REPORT				iviay	171ay 02, 2000 00.0	
DOCU	MENT # L0400000	1915		Secretary of Sta		
1. Entity Name						
WADE P	AINTING, LLC					
Principal Plac	ce of Business	Mailing Address		1		
	VENUE DRIVE WEST	5711 9TH AVENUE DRIVE				
BRADENTON	I, FL 34209 US	BRADENTON, FL 34209	US			
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r	O NOT WRITI	E INI THIS SE	AČE -	04222008 No Chg-LLC	CR2E083 (12/07)	
, L	O'HOL WIKITE	_ 4 1 0 0	ACL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
				5. Certificate of Status Desired	S5.00 Additional Fee Required	
	6. Name and Address of Curren	it Registered Agent		7.4		
GREENE, ROBERT F ATTY. 1301 6TH AVENUE WEST, SUITE 400 BRADENTON, FL 34205				DO NOT W	RITE	
			ľ	IN THIS SP		

8. The above	named entity submits this statement	for the purpose of changing its rec	istered office or registe	ered agent, or both, in the State of Flor	ida. I am familiar with, and accept	
the obligat	tions of registered agent.			-		
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title d applicable (NOTE: Re	igistered Agent Signature require	d when reinstating)	DATE	
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	75				
9.	MANAGING MEME	BERS/MANAGERS	.:		All the second of the second o	
T(TLE NAME	MGRM WADE, NELSON L					
STREET ADDRESS	5711 9TH AVENUE DRIVE WE	ST				
CITY-ST-ZIP	BRADENTON, FL 34209				343741	
TITLE NAME				מסויבשישה	300(1-011 138'12	
STREET ADDRESS				and the second second		
CITY-ST-ZIP			,			
TITLE NAME					e de la companya de l	
STREET ADDRESS				DO NOT W	DITE A	
CITY-ST-ZIP				DO NOT W	KIIE	
TITLE				IN THIS SP	ACE	
NAME STREET ADDRESS			* * * *			
CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						

11. I hereby certify that the information supplied with this filling 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 peciveyor trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

CITY+ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

127/0

962-1308

Daytime Phone #