

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000002099

1. Entity Name  
EARL W. NOVAK PAINTING, LLC



**FILED  
Apr 19, 2005 8:00 am  
Secretary of State**

04-19-2005 90015 006 \*\*\*\*50.00

**20037645**



04142005 Chg-LLC CR2E083 (10/03)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-0468139</b> | Applied For<br>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

NOVAK, EARL W  
950 CARROT AVENUE SW  
PALM BAY, FL 32909

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

|  |   |   |
|--|---|---|
| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>NOVAK, EARL W<br>950 CARROT AVENUE SE<br>PALM BAY, FL 32909 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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.

**EARL W. NOVAK, MANAGER**

**SIGNATURE:** *Earl W. Novak*

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

*4/15/05 / 321-723-4855*

Date

Daytime Phone #