


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-24-2007 90052 035 *****50.00

DOCUMENT # L04000003041 1. Entity Name JOHN PESOLA PAINTING, LLC					
Principal Place of Business 410 17TH COURT MARATHON FL 33050				Mailing Address 410 17TH COURT MARATHON FL 33050	
2. Principal Place of Business - No P.O. Box # 410 17TH CT		3. Mailing Address 410 17TH CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. MARATHON			
City & State MARATHON FLA		City & State FLA 33050		4. FEI Number 58-2678434	
Zip 33050		Country MONROE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33050		Country MONROE		6. Name and Address of Current Registered Agent MILLER, ROBERT K 2975 OVERSEAS HIGHWAY MARATHON FL 33050	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 			
City 		State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date is applicable (NOT: Registered Agent signature required when re-issuing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PESOLA, JOHN 410 17TH COURT MARATHON FL 33050	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>John Pesola</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>2-12-07</u> <small>Date of Filing</small>	