

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**


5/1

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-10-2007 90423 010 ****55.00

DOCUMENT # LC4000003432

1. Entity Name
R.M. Scott Paintings LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11094 Rostock RD
Suite, Apt. #, etc.
Brooksville FLA
City & State

3. Mailing Address
11094 Rostock RD
Suite, Apt. #, etc.
Brooksville FLA
City & State

CR2E083B (8/05)

4. FEI Number
841635243

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Zip 34614 Country Hernando Zip 34614 Country Hernando

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
RAYMOND A Wing Advantage Tax, LLC

Street Address (P.O. Box Number is Not Acceptable)
9470 Miracle Dr

City
Spring Hill FLA

Phone #
352-688-0491

FL Zip Code
34608

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
OWNER	<u>R.M. Scott Painting</u> <u>11094 Rostock RD</u> <u>Brooksville FLA 34614</u>		
	<u>Notes: I'm the only one</u> <u>working @ my company,</u>		
	<u>I Kenneth M Scott</u> <u>is the manager, CEO,</u> <u>president, etc,</u>		
	<u>Thank you</u>		
	<u>cell #</u> <u>(352)-442-8813</u>		
	<u>Kenneth M. Scott</u>		

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Kenneth M. Scott 4/18/07 cell # (352) 442-8813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deputy Phone #

Kenneth M. Scott