

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003709

1. Entity Name
DOUGLAS PAINTING & MOBILE HOME REPAIRS LLC



Principal Place of Business
2479 DEW DROP INN LANE
TALLAHASSEE, FL 32305

Mailing Address
2479 DEW DROP INN LANE
TALLAHASSEE, FL 32305

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

26-1809215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, JAMES E
2479 DEW DROP INN LANE
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM DOUGLAS, JAMES ☐ Delete
STREET ADDRESS 2479 DEW DROP INN LANE
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE NAME MGRM GAGLIODI, TOM ☒ Delete
STREET ADDRESS 2479 DEW DROP INN LANE
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM Kenneth Walker ☐ Change ☒ Addition
STREET ADDRESS 2479 Dew Drop Inn
CITY-ST-ZIP TALL, FL 32305

TITLE NAME MGRM Justin W. Douglas ☐ Change ☐ Addition
STREET ADDRESS 2479 Dew Drop Inn
CITY-ST-ZIP TALL FL 32305

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

FILED

08 APR 28 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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04/28/08--01004--022 **138.75

4/28/08 510-2493