## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000004465

H & M PAINTING L.L.C.



**FILED** Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

109 DRIFTWOOD ROAD

SUITE 202

MIRMAR BEACH, FL 32550

Mailing Address

P.O. BOX 6452

MIRMAR BEACH, FL 32550



01052007 No Chg-LLC

CR2E083 (11/05)

59-3678826

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEASTER, HOWARD 109 DRIFTWOOD ROAD SUITE 202 MIRMAR BEACH, FL 32550

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| 8. The above the obligat                    | named entity submits this statement for the purpose of changing its recions of registered agent. | egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
|---|--|--|
| SIGNATURE                                   | Signature: typed or printed name of registered agent and title if applicable. (NOTE              | Registered Agent agriculture required when reinstating) DATE   |
| Filing fee is \$50.00<br>Due by May 1, 2007 |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS  |  |
| TITLE                                       | MGRM   |  |
| NAME  | FEASTER, HOWARD  |  |
| STREET ADDRESS                              | 109 DRIFTWOOD ROAD SUITE 202   | U000000004044  |
| CITY-ST-ZIP                                 | MIRAMAR BEACH, FL 32550  | U00000594241   |
| TITLE                                       |  | 01/22/07-80064-005 55.00   |
| NAME  |  |  |
| STREET ADDRESS                              |  |  |
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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.

STREET ADDRESS CITY-ST-ZiP

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

Date

Daytime Phone #