

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L04Q00005800	
1. Entity Name BUCKNER PAINTING LLC	

Principal Place of Business 1390 WILDBERRY LANE DELTONA FL 32725	Mailing Address 1390 WILDBERRY LANE DELTONA FL 32725
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2. Principal Place of Business - No P.O. Box # 1390 WILDBERRY LN		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deltona, FL		City & State	
Zip 32725	Country USA	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-0506135		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BUCKNER, GAROLD J 1390 WILDBERRY LANE DELTONA FL 32725		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
State FL Zip Code		

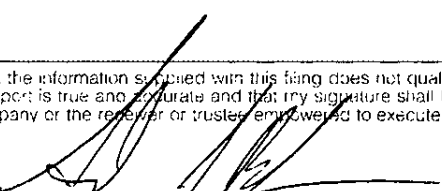
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(Signature of person changing registered office and agent is required) (NOTE: Registered agent is a separate record and when changing)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCKNER, GAROLD J 1390 WILDBERRY LANE DELTONA FL 32725 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11000000817149 02/14/08-80081-01 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **2/3/08 #407 702-7933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE