

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000006432

1. Entity Name

D M PAINTING "L.L.C."



Principal Place of Business

106 PARK ROAD
INTERLACHEN FL 32148
US

Mailing Address

106 PARK ROAD
INTERLACHEN FL 32148
US



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

4. FEI Number

76-0749764

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

MCELROY, DENNISE M MRS.
106 PARK ROAD
INTERLACHEN FL 32148

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

Dennise M. McElroy

2-1-07

Signature, typed or printed name of registered agent and title (if applicable).

(NOT) Registered Agent signature required when registering.

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: MCELROY, DENNISE M MRS.
STREET ADDRESS: 106 PARK ROAD
CITY-STATE-ZIP: INTERLACHEN FL 32148

☐ Delete

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

U00000621688
02/12/07-80027-001 55.00

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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

Dennise M. McElroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-1-07 (386) 684-3596
Date Daytime Phone #