

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000006454

1. Entity Name

LISA CORTEZ PAINTING & DRYWALL, LLC.



Principal Place of Business

13304 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258
US

Mailing Address

13304 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258
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

2nd MOORE

CR2E083 (4/07)

4. FEI Number

20-0631247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, LISA C
13304 OLD ST. AUGUSTINE
JACKSONVILLE FL 32258

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAVIS, LISA C	
STREET ADDRESS	13304 OLD ST. AUGUSTINE ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32258	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CABRERA, MANUEL	
STREET ADDRESS	13304 OLD ST. AUGUSTINE ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000769509
07/19/07-80003-025 50.00

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:

Lisa C Davis

7-17-07

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

Date

Daytime Phone #