## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: \_

## Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # L04000006465 1. Entity Name BERT HARVELL PAINTING LLC Principal Place of Business Mailing Address 2027 CONCORD BAINBRIDGE RD HAVANA FL 32333 2027 CONCORD BAINBRIDGE RD HAVANA FL 32333 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. If, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 26-2290157 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARVELL, BERT Street Address (P.O. Box Number is Not Acceptable) 2027 CONCORD BAINBRIDGE RD HAVANA FL 32333 City 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 Gynatics, lypord or critical nervical registered agent and liftle it applicable. (NOTE Ragistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 U00000505419 Make Check Payable to Florida Department of State 04/26/06-80115-015-55.00 Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITCL MGRM ☐ Delete HHEF ☐ Channe ☐ Addition NAME HARVELL, BERT NALAE STREET ADDRESS 2027 CONCORD BAINBRIDGE RD STREET ADDRESS City-Si-DP CRY-ST-ZP HAVANA FL 32333 TITLE Detete UHE ☐ Change ■ Additran NAME NAM STREET ADDRESS STREET ADDRESS CITY - ST- IVP CITY-ST-ZIP THLE ☐ Detete THLE ☐ Change ☐ Addition NAME NAME STRLET ADDRESS STREET ADDRESS CITY-St-ZIP CITY-ST-ZIP Tillet ☐ Delete MLč Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP TITLE ☐ Delete nne ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oclete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP City-SI-ZIP 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 calls; 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.

But Hawell, Bert Harvell 04-10 0 850-228-4334

**FILED**