

ANNUAL REPORT (AR)

DOCUMENT # L04000006465

1. Entity Name

BERT HARVELL PAINTING LLC



FILED
Apr 18, 2007 08:00 AM
Secretary of State

| | |
|--|--|
| Principal Place of Business 2027 CONCORD BAINBRIDGE RD HAVANA FL 32333 | Mailing Address 2027 CONCORD BAINBRIDGE RD HAVANA FL 32333 |
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State

City & State

4. FEI Number **26-2290157**

Applied For
Not Applicable

Zip Country

Zip Country

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

HARVELL, BERT
2027 CONCORD BAINBRIDGE RD
HAVANA FL 32333

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|-------------------------------|---|---------------------------------|
| TITLE NAME | MGRM HARVELL, BERT | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 2027 CONCORD BAINBRIDGE RD HAVANA FL 32333 | |

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

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| TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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U00000715734 Change Addition
04/28/07-80001-024 55.00

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: Bert Harvell

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

4-16-07 228-4374

Date

Daytime Phone #