

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006529

Entity Name: KEN SISCO, PAINTING LLC

FILED
Apr 15, 2006
Secretary of State

Current Principal Place of Business:

5245 BOWLINE BEND
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5245 BOWLINE BEND
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 51-0507511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SISCO, KENNETH K MGRM
5245 BOWLINE BEND
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SISCO, KENNETH K MGRM
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: SISCO, DIANA L MGRM
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: NOWIK, STANLEY T MGRM
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HOY, TINA M MGRM
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH K. SISCO

MGRM

04/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date