


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000006636</b> 1. Entity Name <b>GIRAIDO PAINTING LIMITED LIABILITY COMPANY</b>	
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Principal Place of Business <b>539 GREEN BRIAR BLVD. ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>539 GREEN BRIAR BLVD. ALTAMONTE SPRINGS, FL 32714</b>
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07112007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3747605</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GIRAIDO, MARIO 539 GREEN BRIAR BLVD. ALTAMONTE SPRINGS, FL 32714</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by September 14, 2007**

UN00000769049  
07/16/07-80012-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GIRALDO, MARIO 539 GREEN BRIAR BLVD. ALTAMONTE SPRINGS, FL 32714</b>
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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:**  **7-11-07(40) 701-1103**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #