


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90023 018 \*\*\*\*50.00

<b>DOCUMENT # L04000007469</b>	
1. Entity Name <b>MT'S QUALITY PAINTING, LLC</b>	

Principal Place of Business <b>53 S. 1ST ST. SANTA ROSA BEACH FL 32459</b>	Mailing Address <b>53 S. 1ST ST. SANTA ROSA BEACH FL 32459</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>143 Palmetto Av</b> City & State <b>Freeport, FL</b> Zip <b>32439</b> Country <b>Walton</b>	3. Mailing Address Suite, Apt. #, etc. <b>143 Palmetto Av</b> City & State <b>Freeport, FL</b> Zip <b>32439</b> Country <b>Walton</b>
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1st MOORE CR2E083 (10/05)

4. FEI Number <b>37-1483147</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>TENORE, MARK 53 S. 1ST ST. SANTA ROSA BEACH FL 32459</b>	
7. Name and Address of New Registered Agent Name <b>Mark Tenore</b> Street Address (P.O. Box Number is Not Acceptable) <b>143 Palmetto Av</b> City <b>Freeport</b> FL Zip Code <b>32439</b>	

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 Mark Tenore (NOTE: Registered Agent signature required when transferring) DATE 3-1-06

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TENORE, MARK 53 S. 1ST ST. SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark Tenore DATE 3-1-06 850-974-4400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE