## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

DOCUMENT # L0400	H.	JU.	н.	ld	22	'3
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1. Entity Name
DEB PAINTING, LLC



Principal Place of Business

4128 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746

Mailing Address

4128 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746



01192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	•	Applied For
27-0071939		Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WADE, BARBARA 4128 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746

## DO NOT WRITE IN THIS SPACE

	vertiained entity submits this statement for the purpose of chan- lations of registered agent.	Aud in individua	d Office of registered agent, or t	Jour, ar the State o	i Florida. Tarri farilliar witti, and	accept
SIGNATUR	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered	Agent signature required when reinstating)	l <sub>e</sub> ,	DATE	_
	Filing Fee is \$50.00 Due by May 1, 2007	;		**		
9.	MANAGING MEMBERS/MANAGERS		,			
NAME STREET ADDRES CITY-ST-ZIP	M WADE, BARBARA \$ 4128 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746	· -			000607206 07-80028-008 50.	.00
THRE NAME STREET ADDRES CITY-ST-ZIP	s					
TITLE NAME STREET ADDRES CITY-ST-ZIP	s		DC	NOT I	WRITE	
TITLE NAME STREET ADDRES CITY-ST-ZIP	s		IN	THIS S	SPACE	
NAME STREET ADDRES CHY-ST-ZIP	s :					
TITLE NAME STREET ADDRES CITY-ST-ZIP	S			<u>.,</u>	F-M2- 144 144 144	
11. I hereb indicate limited	y certify that the information supplied with this filing does not or ad on this report is true and accurate and that my signature st liability company or the receiver or trustee empowered to execu-	qualify for the exe nell have the sam oute this report a	emptions contained in Chapter le legal effect as if made under s required by Chapter 608, Flor	119, Florida Statut oath; that I am a ida Statutes.	es. I further certify that the informanaging member or manager	nation of the