

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000008749

1. Entity Name  
SAMMY'S PAINTING CO., LLC



FILED

2009 APR 21 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04012009 Chg-LLC CR2E083 (11/08)

Principal Place of Business  
9320 SW 137 AVE  
802  
MIAMI, FL 33186 US

Mailing Address  
PO BOX 160496  
MIAMI, FL 33116-0496 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-0964019

Applied For  
Not Applicable

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

FAKIH, ESSAM A.  
9320 SW 137 AVE  
MIAMI, FL 33186

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 \$138.75**  
**After May 1, 2009 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
FAKIH, ESSAM A.  
9320 SW 137 AVE  
MIAMI, FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
FAKIH, HUSSEIN A.  
9320 SW 137 AVE  
MIAMI, FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
200150942772  
04/17/09--01004--033 \*\*138.75

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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: *Essam A. Fakih*

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

Date

Daytime Phone #

ESSAM A. FAKIH 4/3/09 305274-4496