2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 08:00 AM Secretary of State

	ANNUA	L REPORT			Secre	etary e	of State	
DOCUMENT # L04000008916					1			
1. Entity Nam JOEL WE	ELLS PAINTING, LLC							
Principal Place 1449 WELLS BONIFAY, FL		Mailing Address 1449 WELLS ROAD BONIFAY, FL 32425	;	f (e f ((e))	. 1958 1950 5450 53	EKN er ik ben beser	(1887)	
				, , , , , , , , , , , , , , , , , , , ,	No Chg-LLC	11/1 29 -// 24 // 28/4 /	E063 (11/05)	
DO NOT WRITE IN THIS SPA			ACE	4. FEI Numb 77-062			Applied For	
			· ·	5. Certificate	of Status Desi	red 🗆	\$5.00 Additional Fee Required	
	6. Name and Address of Currer	t Registered Agent	- } .	· •				
WELLS, JOEL DENNIS 1449 WELLS ROAD BONIFAY, FL 32425				DO	NOT	WRIT	E	
					THIS S			
}				HV	inio (3FAG	<u> </u>	
	e named entity submits this statement	for the purpose of changing its regist	tered office or register	ed agent, or bo	ith, in the State	of Florida. I an	n familiar with, and acc	
Ine collga	tions of registered agent.		:					
SIGNATURE.	Signature, typed or printed name of registered age	evi and title it applicable. [1907E: Pagest	isred Agent signature required	when reinstaling)		DATE		
46	ling Fee is 150.00		:					
9.	MANAGING MEMI	BERS/MANAGERS			·	. 		
TITLE	MGRM							
NAME STREET ADDRESS	WELLS, JOEL DENNIS		ł		1 to	3000CT	ግጎንናን	
CITY-ST-ZIP	BONIFAY, FL 32425		_1		1957 PU	1708-803 000021 <i>0</i>	232 41-011 50.0	
TITLE			1		. 6.33	rog oor	*** OII 3010	
STREET ACTORESS			1					
CITY-ST-ZIP								
NAME			ł					
STREET ADDRESS	}		1	200	NOT	VACENTE	· <u></u>	
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CITY-ST-ZIP			_{_{1}}					
TITLE]		i					
NAME STREET ADDRESS	}		§					
City-ST-7/P	}		1					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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: HELD DESCRIPTION OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ntle name street address city-st-zip

4/14/06 258374)