



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90069 016 ***150.00

DOCUMENT # L04000009097						
1. Entity Name HAMPTON'S PAINTING LLC						
Principal Place of Business 2137 SCRATON AVENUE ORLANDO, FL 32826			Mailing Address 2137 SCRATON AVENUE ORLANDO, FL 32826			
2. Principal Place of Business 2137 Scranton Ave Suite, Apt. #, etc.		3. Mailing Address 2137 Scranton Ave Suite, Apt. #, etc.				
City & State		City & State		04152006 Chg-LLC CR2E083 (11/05)		
Zip		Country		4. FEI Number 20-0371919		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent HAMPTON, JAMES W 2137 SCRATON AVENUE ORLANDO, FL 32826			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2137 Scranton Ave City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMPTON, JAMES W 2137 SCRATON AVENUE ORLANDO, FL 32826	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMPTON, TIM M 2137 SCRATON AVENUE ORLANDO, FL 32826	<input checked="" 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	MGRM KINDLE, BRUCE A 13719 WESLEYAN BLVD. ORLANDO, FL 32826	<input checked="" 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	
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 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: <i>James W Hampton</i>					4-29-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					Date Daytime Phone #	