


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000010482																																															
1. Entity Name KEARSE PAINTING, LLC																																															
Principal Place of Business D L CROSBY LANE P.O. BOX 68 WOODVILLE FL 32362			Mailing Address D L CROSBY LANE P.O. BOX 68 WOODVILLE FL 32362																																												
2. Principal Place of Business <i>D.L. Crosby Lane</i>			3. Mailing Address <i>P.O. Box 68</i>																																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																												
City & State <i>woodville FL</i>		City & State <i>woodville FL</i>		4. FEI Number 41-2099929																																											
Zip <i>32362</i>	Country <i>LEON</i>	Zip <i>32362</i>	Country <i>LEON</i>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent KEARSE, ODIS A 8744 D.L. CROSBY WOODVILLE FL 32362				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)																																															
DATE _____																																															
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div>																																															
<table border="1"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>MGRM KEARSE PAINTING MANAGING 8744 D L CROSBY LANE WOODVILLE FL 32362</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEARSE PAINTING MANAGING 8744 D L CROSBY LANE WOODVILLE FL 32362	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		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"/> Add		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"/> Add		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"/> Add		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"/> Add		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"/> Add	
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1st MOORE CR2E083 (10/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

1100000404517
02/07/06-80003-005 50.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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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: *Odin H. Kearse*

1-24-06

350-9434