

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/14/2005-90593-023-\$50.00-\$50.00 \*  
8/30/2005-90015-014-\$50.00-\$50.00 \*

FILED

05 SEP 15 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
30019189



2nd MOORE CR2E083 (5/05)

DOCUMENT # L04000011069

1. Entity Name

BROTHERS PAINTING LLC



Principal Place of Business  
357 NE 172 STREET  
NORTH MIAMI BEACH FL 33162  
US

Mailing Address  
357 NE 172 STREET  
NORTH MIAMI BEACH FL 33162  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1219489

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

TEZEL, ISMAIL  
357 NE 172 STREET  
NORTH MIAMI BEACH FL 33162

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 \$50.00  
Make Check Payable to Florida Department of State  
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete

NAME

TEZEL, ISMAIL

STREET ADDRESS

357 NE 172 STREET

CITY - ST - ZIP

NORTH MIAMI BEACH FL 33162

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Ismail Tezel*

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

Date

Daytime Phone #

8-24-2005