

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90030 036 ***138.75

DOCUMENT # L04000012382

1. Entity Name

JEFF LECKINGER PAINTING LLC



Principal Place of Business

1211 REDFIELD RD
TALLAHASSEE FL 32317

Mailing Address

PO BOX 10421
TALLAHASSEE FL 32302

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

1211 Redfield Rd

3. Mailing Address

P.O. Box 10421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32317

Country

USA

Zip

32302

Country

USA

4. FEI Number

36-4572220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LECKINGER, JEFF
1211 REDFIELD RD
TALLAHASSEE FL 32317

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

(Signature, typed or printed name of registered agent and filed if applicable)

(NOTE: Registered Agent Signature Required when Renewing)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LECKINGER, JEFF
STREET ADDRESS 1211 REDFIELD RD
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

J.R. Leckinger Jeff Leckinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/08

BSO-545-6065

CLP

Desktop Print #