


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90043 005 \*\*\*\*50.00

<b>DOCUMENT # L04000012425</b>	
1. Entity Name SPECTRUM PAINTING, L.L.C.	

Principal Place of Business 1215 WINWARD CIR NICEVILLE, FL 32578	Mailing Address 1213 WINDWARD CIR NICEVILLE, FL 32578
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40103418



2. Principal Place of Business <i>John S Frey</i> Suite, Apt. #, etc. <i>1213 Windward Cir</i> City & State <i>Niceville FL</i> Zip <i>32578</i> Country <i>Okaloosa</i>	3. Mailing Address <i>John S Frey</i> Suite, Apt. #, etc. <i>1213 Windward Cir</i> City & State <i>Niceville FL</i> Zip <i>32578</i> Country <i>Okaloosa</i>
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03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FREY, JOHN S 1213 WINDWARD CIR NICEVILLE, FL 32578	
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7. Name and Address of New Registered Agent Name <i>John S Frey</i> Street Address (P.O. Box Number is Not Acceptable) <i>1213 Windward Cir.</i> City <i>Niceville</i> FL Zip Code <i>32578</i>	
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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. <i>John S Frey</i> SIGNATURE _____ DATE <i>9-1-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREY, JOHN S 1213 WINWARD CIR NICEVILLE, FL 32578 <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
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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. <i>John S Frey</i> SIGNATURE _____ DATE <i>9-1-06</i> DAYTIME PHONE # <i>850-897-0700</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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