2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000012997

1. Entity Name

K & K PAINTING & WATERPROOFING, LLC

Principal Place of Business	Mailing Address
4475 HAYWOOD ST NORTH PORT FL 34287	4475 HAYWOOD ST NORTH PORT FL 34287

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O Box #	3. Mailing Address
4475 HAMWOOD St	4475 HAMWOOD St
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: North Port FL	City & State: North Port FL
Zip: 34287 / Country: SARASOTA	Zip: 34287 / Country: SARASOTA

4. FEI Number 83-0305113 — 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
COLON, STEVEN 413 BAYSIDE LANE NOKOMIS FL 34275	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 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KAY, EDWARD J	NAME	U00000773560
STREET ADDRESS	4475 HAMWOOD ST	STREET ADDRESS	09/07/07-80004-006 50.00
CITY-ST-ZIP	NORTH PORT FL 34287	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KING, RONALD E	NAME	
STREET ADDRESS	1743 HIGHLAND RD	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Edward J Kay 8/30/07 941-276-2172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #