2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State
01-26-2005 90061 013 ****55.00

DOCUMENT # L04000013079

1. Entity Name
JONES PAINTING LLC

Principal Place of Business	Mailing Address
2909 SE 39 AVE OKEECHOBEE FL 34974	2909 SE 39 AVE OKEECHOBEE FL 34974

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
2909 SE 39th AVE	
Suite, Apt. #, etc. NA	Suite, Apt. #, etc.
City & State OKeecHoBee FLA	City & State
Zip 34974 Country OKeecHoBee	Zip Country

4. FEI Number 65-0542995 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, RAY W
2909 SE 39 AVE
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name RAY W AND OR SANDRA K. JONES
Street Address (P.O. Box Number is Not Acceptable) 2909 SE 39 AVE
OKeecHoBee FLA
City FL Zip Code 34974

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: Ray W Jones Sandra K Jones 1/21/05
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, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, RAY W 2909 SE 39 AVE OKEECHOBEE FL 34974	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. SANDRA K JONES 2909 SE 39 AVE OKeecHoBee FLA 34974	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Ray Jones Sandra K Jones 1/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #