

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State



1st MOORE CR2E083 (10/05)

DOCUMENT # L04000013079					
1. Entity Name JONES PAINTING LLC					
Principal Place of Business 2909 SE 39 AVE OKEECHOBEE FL 34974			Mailing Address 2909 SE 39 AVE OKEECHOBEE FL 34974		
2909 SE 39 AVE			Same		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Okeechobee FLA			City & State		
Zip 34974		Country OKee		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, RAY W 2909 SE 39 AVE OKEECHOBEE FL 34974			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 _____ (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, 2006

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	000000414127 02/11/06-80024-008 55.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONES, SANDRA K 2909 SE 39 AVE OKEECHOBEE FL 34974	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add

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: Ray Jones Sandra Jones **1-24-06 357-1498**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #