# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 06, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000013873

1. Entity Name
JON OLIVIERI WALLCOVERING INSTALLATION LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 744 INNSBRUCK DRIVE<br>ORLANDO, FL 32825 US | 744 INNSBRUCK DRIVE<br>ORLANDO, FL 32825 US |

DO NOT WRITE IN THIS SPACE

01032006No Chg-LLC CR2E083 (11/05)

4. FEI Number
71-0958966

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVIERI, JON
*744 INNSBRUCK DRIVE*
ORLANDO, FL 32825

DO NOT WRITE IN THIS SPACE

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 Jon Olivieri Jon Olivieri 1/03/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2006**

Might have signed this section by accident
Nothing is changing, please cross out if needed.

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | OLIVIERI, JON |
| STREET ADDRESS | 744 INNSBRUCK DRIVE |
| CITY-ST-ZIP | ORLANDO, FL 32825 |
| TITLE | |
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| CITY-ST-ZIP | |

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01/09/06-80014-020 50.00

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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:** Jon Olivieri Jon Olivieri 1/03/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #