2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# L04000015141

Entity Name: A RIGHT-WAY PAINTING, LLC

Current Principal Place of Business:

807 CALLA TERRACE NORTH
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

807 CALLA TERRACE NORTH
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 37-1484271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOPTON, GARY E
807 CALLA TERRACE NORTH
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOPTON, GARY E
Address: 807 CALLA TER. NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM ( ) Delete
Name: AHMED, AHMED H
Address: 7320 4TH STREET N. #1808
City-St-Zip: ST. PETE, FL 33702

Title: MGRM ( ) Delete
Name: SEBASTIAN, THOMAS C
Address: 2541 OAKDALE ST. S.
City-St-Zip: ST. PETE, FL 33701

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: GOZA, ROBERT M
Address: 3248 53RD TERRACE N.
City-St-Zip: ST. PETE, FL 33714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY E HOPTON MGRM 04/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date