

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000015141

FILED
May 04, 2009
Secretary of State**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: HOPTON, GARY E
Address: 807 CALLA TER.N
City-St-Zip: ST. PETE, FL 33701**Title:** MGRM () Delete
Name: HOPTON, GARY E
Address: 807 CALLA TER.N
City-St-Zip: ST. PETE, FL 33701**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: SULLIVAN, EDWARD G
Address: 807 CALLA TER.N
City-St-Zip: ST. PETE, FL 33701**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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

MR.

05/04/2009

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