



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016047 1. Entity Name STROKES PAINTING "L.L.C."						<div style="transform: rotate(-15deg);"> FILED 07 APR 27 PM 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>																													
Principal Place of Business 38 WILLIE JENKINS ROAD CRAWFORDVILLE, FL 32327				Mailing Address 38 WILLIE JENKINS ROAD CRAWFORDVILLE, FL 32327				BK																											
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																															
Suite, Apt. #, etc.				Suite, Apt. #, etc.																															
City & State				City & State																															
Zip		Country		Zip		Country																													
6. Name and Address of Current Registered Agent SMITH, CHARLES 38 WILLIE JENKINS ROAD CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																															
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____																									
Filing Fee is \$50.00 Due by May 1, 2007				BK				Make check payable to: Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>38 WILLIE JENKINS ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE, FL 32327</td> <td></td> </tr> </table>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	SMITH, CHARLES		STREET ADDRESS	38 WILLIE JENKINS ROAD		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete																																	
NAME	SMITH, CHARLES																																		
STREET ADDRESS	38 WILLIE JENKINS ROAD																																		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327																																		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, LESLIE S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>38 WILLIE JENKINS ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE, FL 32327</td> <td></td> </tr> </table>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	SMITH, LESLIE S		STREET ADDRESS	38 WILLIE JENKINS ROAD		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete																																	
NAME	SMITH, LESLIE S																																		
STREET ADDRESS	38 WILLIE JENKINS ROAD																																		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327																																		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																	
NAME																																			
STREET ADDRESS																																			
CITY-ST-ZIP																																			

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:

Charles Smith

4-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #