

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000016047**

1. Entity Name  
**STROKES PAINTING "L.L.C."**



**FILED**  
07 APR 27 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**59-2980290**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, CHARLES  
38 WILLIE JENKINS ROAD  
CRAWFORDVILLE, FL 32327**

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

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, 2007**

**BK**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  Delete  
NAME SMITH, CHARLES  
STREET ADDRESS 38 WILLIE JENKINS ROAD  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600101619786**  
**05/04/07--01052--025 \*\*50.00**

TITLE MGRM  Delete  
NAME SMITH, LESLIE S  
STREET ADDRESS 38 WILLIE JENKINS ROAD  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  Delete  
NAME SMITH, JESSIE S  
STREET ADDRESS 38 WILLIE JENKINS ROAD  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 #