


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 22 AM 10: 58

DOCUMENT # L04000016047 1. Entity Name STROKES PAINTING "L.L.C."	
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Principal Place of Business 38 WILLIE JENKINS ROAD CRAWFORDVILLE, FL 32327	Mailing Address 38 WILLIE JENKINS ROAD CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-2980290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGR SMITH, CHARLES <input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	38 WILLIE JENKINS ROAD CRAWFORDVILLE, FL 32327		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	MGRM SMITH, LESLIE S <input type="checkbox"/> Delete		TITLE NAME	400125044254 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/22/08--01011--020 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	38 WILLIE JENKINS ROAD CRAWFORDVILLE, FL 32327		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	MGRM SMITH, JESSIE S <input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	38 WILLIE JENKINS ROAD CRAWFORDVILLE, FL 32327		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			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 R. Smith 4-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #