## 2008 LIMITED LIABILITY COMPANY

## **FILED** Apr 28, 2008 08:00 AN ate

| 1   | *************************************** |   |   | <b>I</b>                         | 2   |
|---|---|---|---|----------------------------------|---|
| DOCUMENT # L04000017536  1. Entity Name OJ'S PAINTING LLC   |   |   |   | Secretary of St                  |   |
| Principal Plac  | e of Business                           | Mailing Address                                 |   |                                  |   |
| 1330 ESSEX<br>St. Petersi   | DRIVE N.<br>Burg, Fl. 33710             | 1330 ESSEX DRIVE N.<br>St. Petersburg, FL 33710 |   |                                  | MAKAT KANK INDAN MITUM KITAN BIKANTI KK ANA |
|   |   |   |   |                                  |   |
|   | O NOT WRITE                             | IN THIS SPA                                     | Ĉ   | 04072008 No Chg-LLC              | CR2E083 (12/07)                             |
|   |   |   |   | 4. FEI Number<br>59-3241998      | Applied For Not Applicable                  |
| entropological de la companya de la  | - Allen arthur and and a                | 1. 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1        | 2011年 1985年 1984年 | 5. Certificate of Status Desired | S5.00 Additional Fee Required               |
|   | 6. Name and Address of Current Re       |   |   |                                  |   |
| REED, TE  |   |   | Profit City   | DO NOT W                         |   |
| 6119 11TH AVE S.<br>GULFPORT, FL 33707  |   |   |   |                                  |   |
| GOLFFOR   | , L 33707                               |   | Literatura in transcription   | IN THIS SP                       | AGE   |
|   |   |   |   |                                  |   |
| 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 agont and tide if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  DATE  |   |   |   |                                  |   |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  |   |   |   |                                  |   |
| 9.  | MANAGING MEMBERS                        | /MANAGERS                                       |   |                                  |   |
| TITLE<br>NAME   | MGR<br>OSMANN, ANDREW R                 |   |   |                                  |   |
| STREET ADDRESS  | 1330 ESSEX DRIVE N.                     | •   |   |                                  |   |
| CITY-ST-ZIP   | ST. PETERSBURG, FL 33710                |   | And the second section  |                                  |   |
| MILE  |   |   |   |                                  |   |
| NAME<br>STREET ADDRESS  |   |   |   |                                  |   |
| CITY-ST-ZIP   |   |   | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1  |                                  |   |
| TITLE   |   |   | ha diga tangga ang ang ang ang ang ang ang ang an   |                                  |   |
| NAME<br>STREET ADDRESS  |   |   |   |                                  |   |
| CITY-ST-ZIP   |   |   |   | DO NOT W                         | RITE  |
| TITLE   |   |   |   | INTUS SP                         | ACE   |
| NAME  |   |   | The part of the same  |                                  |   |
| STREET ADORESS<br>CITY-ST-ZIP   |   |   |   |                                  |   |
| TITLE   |   |   |   |                                  |   |
| NAME'   |   |   |   |                                  |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   |   |                                  |   |
| TITLE   |   |   |   |                                  | RITE  |
| NAME '  |   | •   | 阿羅姆   |                                  |   |
| STREET ADDRESS  |   |   | 分的時間的例  |                                  |   |
| CITY-ST-ZIP   | • |   | ■EPTETE TO THE  |                                  |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Stetutes. 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE