

DEPARTMENT OF REVENUE

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

**Jan 17, 2008 08:00 AM
Secretary of State**

DOCUMENT # L04000017597

1. Entity Name
THREE WISE MEN PAINTING, LLC



Principal Place of Business
**5111 BELLVIEW AVE.
PENSACOLA, FL 32526**

Mailing Address
**5111 BELLVIEW AVE.
PENSACOLA, FL 32526**



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1638362

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BILLINGS, CHARLES E JR
5111 BELLVIEW AVE
PENSACOLA, FL 32526**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THAXTON, KENT N
STREET ADDRESS	3256 CREEKWOOD DRIVE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	MGRM
NAME	BILLINGS, CHARLES E JR
STREET ADDRESS	5111 BELLVIEW AVE.
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	MGR
NAME	THAXTON, YVONNE M
STREET ADDRESS	3256 CREEKWOOD DRIVE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000787831
01/18/08-80015-010 138.75

**DO NOT WRITE
IN THIS SPACE**

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 E. Billings Jr.* *Charles E Billings Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Day

Daytime Phone #

850
944-2235