

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017597

FILED
Feb 13, 2009
Secretary of State

Entity Name: THREE WISE MEN PAINTING, LLC

Current Principal Place of Business:

5111 BELLVIEW AVE.
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

5111 BELLVIEW AVE.
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 84-1638362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILLINGS, CHARLES E JR
5111 BELLVIEW AVE.
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THAXTON, KENT N
Address: 3256 CREEKWOOD DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM () Delete
Name: BILLINGS, CHARLES E JR
Address: 5111 BELLVIEW AVE.
City-St-Zip: PENSACOLA, FL 32526

Title: MGR (X) Delete
Name: THAXTON, YVONNE M
Address: 3256 CREEKWOOD DRIVE
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

MGRM

02/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date