## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Aug 07, 2008 8:00 am Secretary of State DOCUMENT # L04000018266 07-15-2008 90006 028 \*\*\*138.75 1. Entity Name THE PAINT PROFESSOR L.L.C. Principal Place of Business Mailing Address 25608 N.W. MUSGROVE ROAD 25608 N.W. MUSGROVE ROAD ALTHA, FL 32421 ALTHA, FL 32421 07082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 00-4240896 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent MCCLELLAN, ALLEN DO NOT WRITE 25608 N.W. MUSGROVE ROAD **ALTHA, FL 32421** 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 FILE NOWILL FEE IS \$538.75 One by September 12, 2008 . MANAGING MEMBERS/MANAGERS MGRM TITLE MCCLELLAN, ALLEN NAME STREET ADORESS 25608 N.W. MUSGROVE ROAD CITY-S1-ZIP ALTHA, FL 32421 DAE NAME STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MILLE STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ACCRESS City-SI-29 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.

**FILED**