2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# L04000019318

Entity Name: ROBERT'S PAINTING, LLC

Current Principal Place of Business:

441 BYRD ST
LAKELAND, FL 33809 US

New Principal Place of Business:

Current Mailing Address:

441 BYRD ST
LAKELAND, FL 33809 US

New Mailing Address:

FEI Number: 34-1737685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, HEIDI S
441 BYRD ST
LAKELAND, FL 33809 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: CARR, ROBERT A
Address: 441 BYRD ST
City-St-Zip: LAKELAND, FL 33809 US

Title: MGRM ( ) Delete
Name: CARR, JUSTIN A
Address: 200 AVE K SE APT 419
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: MGRM ( ) Delete
Name: CARR, CLINTON W
Address: 200 AVE K SE APT 419
City-St-Zip: WINTER HAVEN, FL 33880 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: CARR, JUSTIN A
Address: 3032 FORESTBROOK DR N
City-St-Zip: LAKELAND, FL 33811 US

Title: MGRM (X) Change ( ) Addition
Name: CARR, CLINTON W
Address: 1515 VISTA DEL LAGO
City-St-Zip: DUNDEE, FL 33838 US

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: ROBERT A CARR MGR 04/25/2007

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