

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019634

FILED
Apr 13, 2009
Secretary of State

Entity Name: GULF BREEZE PAINTING, LLC.

Current Principal Place of Business:

5690 BELANDVILLE ROAD
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5690 BELANDVILLE ROAD
MILTON, FL 32570

New Mailing Address:

FEI Number: 56-2444202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARP, DEWEY R
5690 BELANDVILLE ROAD
MILTON, FL 32570 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: HARP, DEWEY R
Address: 5690 BELANDVILLE ROAD
City-St-Zip: MILTON, FL 32570

Title: MGRM (X) Delete
Name: STACEY, LAMBERT R
Address: 2796 TEEPEE ROAD
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: HARP, TIMOTHY W
Address: 3124 EVANS AVE
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: HARP, DEWEY R
Address: 2743 PENN STREET
City-St-Zip: NAVARRE, FL 32566

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:

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: DEWEY HARP

MGR

04/13/2009

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