## 2007 LIMITED LIABILITY COMPANY

## Jul 09, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L04000020458** 07-09-2007 90112 001 \*\*\*\*50.00 J AND M WALLPAPERING, LLC 40123830 Mailing Address Principal Place of Business 19859 VINTAGE TRACE CIRCLE 19859 VINTAGE TRACE CIRCLE FORT MYERS, FL 33912- 33967 FT. MYERS, FL 33967 07052007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0080365 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEAL, JAMES W 19859 VINTAGE TRACE CIRCLE 3 3 967 DO NOT WRITE FORT MYERS, FL 33942-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 Filing Fee is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME BEAL, JAMES W 19859 VINTAGE TRACE CIRCLE STREET ADORESS CITY-ST-ZIP FORT MYERS, FL 33912 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

ATTACHMENT

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Lid not receive January 2007 renewde notifications in mail.