

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020538

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** TEX PAINTING LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1032 MISSISSIPPI AVENUE  
CLEWISTON, FL 33440

**New Principal Place of Business:**

1032 MISSISSIPPI AVENUE  
APT A  
CLEWISTON, FL 33440

**Current Mailing Address:**

P.O. BOX 1396  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:** 55-0877101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNEY, JAMES  
1032 MISSISSIPPI AVENUE  
CLEWISTON, FL 33440 US

**Name and Address of New Registered Agent:**

BURNEY, JAMES  
1032 MISSISSIPPI AVE  
CLEWISTON, FL 33440 US

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: JAMES BURNEY

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BURNEY, JAMES  
Address: P.O. BOX 1396  
City-St-Zip: CLEWISTON, FL 33440

**ADDITIONS/CHANGES:**

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: JAMES BURNEY

MGR

04/29/2009

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