

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90746 001 ***132.75

03-03-2008 90746 002 *****6.00

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02142008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000022425 1. Entity Name CORKY SMALLWOOD'S PAINTING, LLC					
Principal Place of Business 313 HERMOSA STREET LADY LAKE, FL 32159			Mailing Address 313 HERMOSA STREET LADY LAKE, FL 32159		
2. Principal Place of Business - No P.O. Box # 313 W Hermosa Street		3. Mailing Address 313 W Hermosa Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lady Lake FL		City & State Lady Lake FL		4. FEI Number 04-3792132	
Zip 32159		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32159		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMALLWOOD, MARVIN O 313 HERMOSA STREET LADY LAKE, FL 32159			7. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) 313 W Hermosa Street City Lady Lake FL Zip Code 32159		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 2/26/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLWOOD, MARVIN O 313 HERMOSA STREET LADY LAKE, FL 32159	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	313 W Hermosa Street Lady Lake FL 32159	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	313 W Hermosa Street Lady Lake FL 32159	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	313 W Hermosa Street Lady Lake FL 32159	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 2/26/08 <small>Daytime Phone #</small>		