


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90039 015 \*\*\*\*50.00

<b>DOCUMENT # L04000024854</b>	
1. Entity Name <b>MIKE SIROIS PAINTING LLC</b>	

Principal Place of Business <b>790 TUNG HILL ROAD TALLAHASSEE, FL 32317</b>	Mailing Address <b>790 TUNG HILL ROAD TALLAHASSEE, FL 32317</b>
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2. Principal Place of Business <b>3201 BLACK GOLD TRL, Suite, Apt. #, etc. TALL, FL City &amp; State 32309 LEON</b>	3. Mailing Address <b>3201 BLACK GOLD TRL, Suite, Apt. #, etc. TALL, FL City &amp; State 32309 LEON</b>
Zip <b>32309</b>	Country <b>LEON</b>

	
08232005 Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>113730730</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SIROIS, MIKE 790 TUNG HILL ROAD TALLAHASSEE, FL 32317</b>	7. Name and Address of New Registered Agent Name <b>SIROIS, MIKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3201 BLACK GOLD TRL.</b> City <b>TALL, FL</b> Zip Code <b>32309</b>
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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 <b>MIKE SIROIS MGRM</b> <small>Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when reinstating))</small>	DATE <b>8-23-05</b>

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIROIS, MIKE 790 TUNG HILL ROAD TALLAHASSEE, FL 32317</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIROIS, MIKE 3201 BLACK GOLD TRL, TALL, FL, 32309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>MIKE SIROIS</b>	<b>MIKE SIROIS</b>	DATE: <b>8-23-05</b>	DAYTIME PHONE: <b>850 509-9217</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>