

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90032 012 ****50.00

DOCUMENT # L04000024880

1. Entity Name

GIBSON PAINTING LLC



Principal Place of Business

4823 SW 5TH PLACE
CAPE CORAL FL 33914
US

Mailing Address

4823 SW 5TH PLACE
CAPE CORAL FL 33914
US

2. Principal Place of Business - No P.O. Box #

4823 SW 5TH

Suite, Apt. #, etc.

3. Mailing Address

4823 SW 5TH

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number

32-2421438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, JAMES W
1412 SE 39TH STREET
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GIBSON, JAMES W
STREET ADDRESS 1412 SE 39TH STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE MGR ☐ Delete
NAME GIBSON, SANDRA K
STREET ADDRESS 4823 SW 5TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-23-07 239-549-5348