## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000026618

1. Entity Name

AAA GATOR MIKE'S PAINTING, LLC

Principal Place of Business Mailing Address

19212 N.W. 81ST TERRACE P.O. BOX 8 ALACHUA, FL 32616

ALACHUA, FL 32616





01102008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

Date

4.	FEI Number	Ì	Applied For
	20-1853193	. [	Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Rec	Additional

6. Name and Address of Current Registered Agent

MARKOWITZ, MICHAEL 19212 N.W. 81ST TERRACE ALACHUA, FL 32616

## DO NOT WRITE 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 kills if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE			
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	000000912949 05/07/08-80101-008 138.75			
9. :	· MANAGING MEMBERS/MANAGERS				
TITLE  NAME - STREET ADDRESS CITY-ST-ZIP	MGRM MARKOWITZ, MICHAEL P.O. BOX 8 ALACHUA, FL 32616				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
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TITLE 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE