

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026970

Entity Name: MIKE LOUDY PAINTING, L.L.C.

FILED  
Apr 10, 2007  
Secretary of State

## Current Principal Place of Business:

5404 FRONT DRIVE  
HOLIDAY, FL 34690

## New Principal Place of Business:

13090 HARRISON ST.  
BROOKSVILLE, FL 34613

## Current Mailing Address:

5404 FRONT DRIVE  
HOLIDAY, FL 34690

## New Mailing Address:

13090 HARRISON ST.  
BROOKSVILLE, FL 34613

FEI Number: 59-3056530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOUDY, MICHAEL  
5404 FRONT DRIVE  
HOLIDAY, FL 34690 US

## Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.  
465 S. VILUSIA AVE.  
SUITE C  
ORANGE CITY, FL 32763 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: DEVIN NEWMNA ASST. SECRETARY

04/10/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LOUDY, MICHAEL  
Address: 5404 FRONT DRIVE  
City-St-Zip: HOLIDAY, FL 34690

Title: MGR ( ) Delete  
Name: GARRY, MACKEY  
Address: 10642 SHALIMAR STREET  
City-St-Zip: NEW PORT RICHEY, FL 34654

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL LOUDY

MGRM

04/10/2007

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