

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-29-2005 90051 028 \*\*\*\*55.00

**DOCUMENT # L04000029708**

1. Entity Name

**DYE'S PAINTING, LLC**



Principal Place of Business

**3828 SARRIA AVENUE  
SEBRING FL 33872**

Mailing Address

**3828 SARRIA AVENUE  
SEBRING FL 33872**

2. Principal Place of Business

**1326 SE Silver Springs Rd**

Suite, Apt. #, etc.

**NA**

City & State

**Ocala FL**

Zip  
**34470**

Country

**U.S.A.**

3. Mailing Address

**5431 NE 35th Street**

Suite, Apt. #, etc.

**lot #136**

City & State

**Silver Springs FL**

Zip

**34488**

Country

**U.S.A.**



1st MOORE

CR2E083 (10/04)

4. FEI Number

**20-1015807**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DYE, ALLEN**

**~~3828 SARRIA AVENUE~~  
~~SEBRING FL 33872~~**

7. Name and Address of New Registered Agent

Name **Dye, Allen**

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

**1326 SE Silver Springs Place**

City **Ocala**

**FL**

Zip Code

**34470**

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 **Allen Dye (Allen Dye)**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/24/05**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **DYE, ALLEN**  
STREET ADDRESS **3828 SARRIA AVENUE**  
CITY-ST-ZIP **SEBRING FL 33872**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Dye, Allen**  
STREET ADDRESS **1326 SE Silver Springs Place**  
CITY-ST-ZIP **Ocala, FL 34470**

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

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

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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 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: **Allen Dye (Allen Dye)**

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

**4-24-05**

Date

**352-361-5463**

Daytime Phone #