

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 01, 2005 8:00 am
Secretary of State

08-19-2005 90089 040 ****50.00

DOCUMENT # L04000030139 1. Entity Name KO PAINTING LLC																											
Principal Place of Business 1818 LEE ROAD WINTER PARK FL 32789		Mailing Address 1818 LEE ROAD WINTER PARK FL 32789																									
2. Principal Place of Business <i>Orlando</i> Suite, Apt. #, etc.		3. Mailing Address <i>1818 Lee Rd</i> Suite, Apt. #, etc.																									
City & State <i>Orlando FL</i>		City & State <i>Winter Park FL</i>																									
Zip <i>32789</i>		Country <i>Orange</i>																									
4. FEI Number <i>542151262</i>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent OLAH, KALMAN 1818 LEE ROAD WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 <i>Kalman Olah</i> 8-15-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OLAH, KALMAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1818 LEE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK FL 32789</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	OLAH, KALMAN		STREET ADDRESS	1818 LEE ROAD		CITY-ST-ZIP	WINTER PARK FL 32789		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Kalman Olah</i> 8-22-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											

407-463-1465