

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90031 003 ****50.00

DOCUMENT # L04000032427

1. Entity Name

PASTEL PAINTING, LLC



Principal Place of Business

P.O. BOX 1087
SARASOTA FL 34230

Mailing Address

P.O. BOX 1087
SARASOTA FL 34230



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

323 Whipping Trail E

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nokomis, FL

City & State

Zip

34275

Country

Scraper

Zip

Country

4. FEI Number

06-3644374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

OZARK, DAMIAN M ESQ
2808 MANATEE AVENUE WEST
BRADENTON FL 34205

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
NAME: PASSANANT, PAUL J
STREET ADDRESS: P.O. BOX 1087
CITY-STATE-ZIP: SARASOTA FL 34230 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

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CITY-STATE-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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

Paul Passanant

PAUL PASSANANT

7/31/07