

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032805

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** KRISTIE HENDERSON PAINTING LLC

**Current Principal Place of Business:**

2987 SHARON AVE  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

**Current Mailing Address:**

2987 SHARON AVE  
CRESTVIEW, FL 32539

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDERSON, KRISTIE  
2987 SHARON AVE  
CRESTVIEW, FL 32539      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HENDERSON, KRISTIE  
Address: 2987 SHARON AVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: MGRM      ( ) Delete  
Name: HENDERSON, DONNY  
Address: 2987 SHARON AVE  
City-St-Zip: CRESTVIEW, FL 32539

**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: KRISTIE HENDERSON                      MGRM                      04/30/2006

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