2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-22-2006 90292 011 *****5.00
02-27-2006 90432 028 ****55.00

DOCUMENT # L04000033511

1. Entity Name

PREWITT'S PRECISION PAINTING, LLC

Principal Place of Business	Mailing Address
6770 SE 135TH ST SUMMERFIELD FL 34491	6770 SE 135TH ST SUMMERFIELD FL 34491

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
6770 SE 135th ST		~~6770 SE 135th ST~~	
Suite, Apt. #, etc. Summerfield, FL		Suite, Apt. #, etc. PO Box 1883	
City & State ~~Summerfield, FL~~		City & State Belleview, FL.	
Zip 34491	Country MARION	Zip 34421	Country USA

4. FEI Number 20-1103839 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PREWITT, KENNETH D
6770 SE 135TH ST
SUMMERFIELD,FL 34491

7. Name and Address of New Registered Agent

Name Kenneth D. Prewitt

Street Address (P.O. Box Number is Not Acceptable) 6770 SE 135th ST.

City Summerfield FL Zip Code 34491

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 Kenneth D. Prewitt 3-10-06
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, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PREWITT, KENNETH D		NAME		
STREET ADDRESS	6770 SE 135TH ST		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL 34491		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Kenneth D. Prewitt 3-26-06 352-266-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #