

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90076 020 \*\*\*\*55.00

**DOCUMENT # L04000036058**

1. Entity Name

**GALETTA'S PAINTING SERVICE, LLC**



Principal Place of Business

**20115 DEEP SPRINGS RD  
FOUNTAIN FL 32438**

Mailing Address

**20115 DEEP SPRINGS RD  
FOUNTAIN FL 32438**

2. Principal Place of Business

**20115 DEEP Spring Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**20115 DEEP Spring Rd.**

Suite, Apt. #, etc.

City & State

**FOUNTAIN FLA.**

City & State

**FOUNTAIN FLA.**

Zip

**32438**

Country

**USA**

Zip

**32438**

Country

**USA**

4. FEI Number

**263-33-8923**

Applied For

**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**G. GALETTA, LONALD N  
20115 DEEP SPRINGS RD  
FOUNTAIN FL 32438**

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. **Address same**

SIGNATURE

**LONNIE GALETTA**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GALETTA, LONALD  
20115 DEEP SPRINGS RD  
FOUNTAIN FL 32438**

☐ Delete

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

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☐ Change ☐ Addition

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:

**Loni Galletta**

**3/9/05**

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

Date

Daytime Phone #