2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000037698

1. Entity Name
WALLPAPERING BY MIKE RICHARDSON "LLC"

Principal Place of Business	Mailing Address
534 92ND AVE N NAPLES, FL 34108	534 92ND AVE N NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

07032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1143813	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, MICHAEL R
534 92 AVE N
NAPLES, FLA., FL 34108

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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

Filing Fee is $50.00
Due by September 14, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RICHARDSON, MICHAEL R
STREET ADDRESS	534 92ND AVE N
CITY-ST-ZIP	NAPLES, FLA., 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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07/06/07-80006-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____   7/3/07   239-272-5657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #