

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90192 013 ****50.00

DOCUMENT # L04000038716

1. Entity Name

CJ'S PAINTING, L.L.C.



Principal Place of Business

8319 ELISABETH AVE
PANAMA CITY FL 32417

Mailing Address

POST OFFICE BOX 9216
PANAMA CITY BEACH FL 32407

2. Principal Place of Business - No P.O. Box #
6820 Beach Dr

3. Mailing Address
P.O. Box 9216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

4. FEI Number **20-1019299**
NO-T APPLICABLE

☒ Applied For
☐ Not Applicable

City & State
Panama City Beach FL
Zip
32408
Country
Bay County

City & State
Panama City Beach FL
Zip
32417
Country
Bay County

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

6. Name and Address of Current/Registered Agent

LEFEMTE, CHARLOTTE
8319 ELISABETH AVE
PANAMA CITY FL 32417

7. Name and Address of New Registered Agent

Name **Charlotte LeComte**
Street Address (P.O. Box Number is Not Acceptable)
6820 Beach Dr
City **Panama** FL Zip Code **32408**

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

Charlotte LeComte

2-17-07

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM LECOMTE, CHARLOTTE PO BOX 9216 PANAMA CITY BEACH FL 32407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RISNER, PATRICIA 8319 ELISABETH PANAMA CITY FL 32417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charlotte LeComte

2-17-07

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

Date

Daytime Phone #