2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90069 012 ***138.75

DOCUMENT # L04000038716

1. Entity Name

CJ'S PAINTING, L.L.C.

Principal Place of Business	Mailing Address
6820 BEACH DR. PANAMA CITY FL 32408	POST OFFICE BOX 9216 PANAMA CITY FL 32417

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8003 Beach Dr	P.O. Box 9216
Suite, Apt. #, etc.: B	Suite, Apt. #, etc
City & State: Panama City Bch Fl	City & State: Panama City Bch Fl
Zip: 32417 Country: Bay	Zip: 32417 Country: Bay

4. FEI Number: 20-1019299 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHARLOTTE, LECOMTE
6820 BEACH DRIVE
PANAMA CITY FL 32408

7. Name and Address of New Registered Agent

Name: Charlotte LeComte
Street Address (P.O. Box Number is Not Acceptable): 8003 B Beach Dr
City: Panama City Bch FL Zip Code: 32417

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 DATE: 1-28-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LECOMTE, CHARLOTTE		NAME		
STREET ADDRESS	PO BOX 9216		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407		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		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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: Charlotte LeComte 1-28-08

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