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
6820 BEACH DR.
PANAMA CITY FL 32408

Mailing Address
POST OFFICE BOX 9216
PANAMA CITY FL 32417

1st MOORE CR2E083 (10/07)

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

3. Mailing Address P.O. Box 9216
Suite, Apt. #, etc
City & State Panama City Bch Fl
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 1-28-08
Signature, typed or printed name of registered agent (if the registered agent is an individual) (NOTE: Registered Agent's signature required above for filing) DATE

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

TITLE	MGRM	☐ Delete
NAME	LECOMTE, CHARLOTTE	
STREET ADDRESS	PO BOX 9216	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

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