2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DELOZIER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBE

- FILED DOCUMENT # L04000040276 Jan 30, 2007 08:00 AM 1. Entity Name **Secretary of State** PRESTEGE PAINTING LLC Principal Place of Business Mailing Address 193 N T SMITH ROAD SOPCHOPPY FL 32358 193 N T SMITH ROAD SOPCHOPPY FL 32358 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 26-7700773 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELOZIER, GAIL Street Address (P.O. Box Number is Not Acceptable) 193 N T SMITH ROAD SOPCHOPPY FL 32358 City 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. SIGNATURE GALL becore I Signature, typed or printed name of registered agent and title 4 applica (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE U00000611713 □ Change Addition NAMI DELOZIER, GAIL NAME 02/02/07-80074-011 50.00 SIRE! I ADDRESS 193 N T SMITH ROAD STREET ADDRESS CITY-ST-ZIP SOPCHOPPY FL 32358 CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition MALE NAME STREET ADDRESS STREET ADDRESS CHY-SY-71P CHY-ST-ZIP ШШ Delete IIIIE ☐ Change ☐ Addition MALAS NAME SIFRE LADDRESS STREET ADDRESS CITY SI-ZIP CITY-ST-ZIP IIIU Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CUY-ST-ZIP IIII Delete ☐ Change Addition NAME STREET ADDRESS STHEET ADDRESS CITY ST ZIP CITY-SI-ZIP 11111 ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-7/P 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 eath; 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.

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