

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000040677

1. Entity Name
COLLIER PAINTING LLC



Principal Place of Business

**22516 CURLE RD.
EUSTIS, FL 32726**

Mailing Address

**P.O. BOX 901
EUSTIS, FL 32727**



03202006No Chg-LLC

CR2E053 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1701241

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VARNS, BETH
1622 MORIN ST.
EUSTIS, FL 32726-6126**

**DO NOT WRITE
IN THIS SPACE**

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

Beth Varns

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-24-06

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000483196

04/11/06-60105-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLIER, BILL 22516 CURLE RD. EUSTIS, FL 32726
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IN THIS SPACE**

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:

Bill Collier

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

Date

Overtime Phone #

3/24/06 (352) 589 41