


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000040983 1. Entity Name TONY MAGONE'S PAINTING LLC	
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Principal Place of Business 112 SPINNAKER CIR DAYTONA BEACH, FL 32119	Mailing Address 112 SPINNAKER CIR DAYTONA BEACH, FL 32119
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DO NOT WRITE IN THIS SPACE

01312007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1194986	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MAGONE, ANTHONY 112 SPINNAKER CIR DAYTONA BEACH, FL 32119
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGONE, ANTHONY 112 SPINNAKER CIR DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILDITCH, JOHN 8 SPRINGWOOD SQUARE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGONE, LAURA LEE 112 SPINNAKER CIR DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/15/07-80009-004 55.00

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: 

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

Date

Daytime Phone #