

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040983

FILED  
May 01, 2008  
Secretary of State

Entity Name: TONY MAGONE'S PAINTING LLC

**Current Principal Place of Business:**

112 SPINNAKER CIR  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

112 SPINNAKER CIR  
DAYTONA BEACH, FL 32119

**New Mailing Address:**

FEI Number: 20-1194986      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MAGONE, ANTHONY  
112 SPINNAKER CIR  
DAYTONA BEACH, FL 32119      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MAGONE, ANTHONY  
Address: 112 SPINNAKER CIR  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: MGRM      (X) Delete  
Name: HILDITCH, JOHN  
Address: 8 SPRINGWOOD SQUARE  
City-St-Zip: PORT ORANGE, FL 32129

Title: MGRM      (X) Delete  
Name: MAGONE, LAURA LEE  
Address: 112 SPINNAKER CIR  
City-St-Zip: DAYTONA BEACH, FL 32119

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY MAGONE

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date