


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045266	
1. Entity Name BROOKS PAINTING LLC	

Principal Place of Business P.O. BOX 20809 TALLAHASSEE, FL 32316	Mailing Address P.O. BOX 20809 TALLAHASSEE, FL 32316
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2. Principal Place of Business - No P.O. Box # 3020 Grove St. Suite, Apt. #, etc. Tallah. Fl. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
Zip 32301	Country U.S.

6. Name and Address of Current Registered Agent	
BROOKS, COREY L SR 3020 GROVE STREET TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROOKS, COREY L SR 3020 GROVE STREET TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700109299367 09/11/07--01024--016 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BALDWIN, LOTTIE M 3020 GROVE STREET TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Corey L Brooks 10/05/07

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

Daytime Phone #

FILED

07 SEP -5 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
11-3766143

Applied For
Not Applicable

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

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