

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000049471

**FILED**  
**Mar 15, 2006**  
**Secretary of State**

**Entity Name:** BOBBY BRUNER PAINTING SERVICE LLC

**Current Principal Place of Business:**

1207 FLORIDA AVE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

1207 FLORIDA AVE  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 57-1208138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PARKWAY STE. 300  
TAMPA, FL 336372087 US

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

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: BRUNER, LILLY M  
Address: 1207 FLORIDA AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: BRUNER, BOBBY  
Address: 1207 FLORIDA AVE  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES:**

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 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:** BOBBY BRUNER

MGRM

03/15/2006

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