


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000056495		
1. Entity Name ALM PAINTING, LLC		
Principal Place of Business 672 96TH AVENUE NORTH NAPLES, FL 34108 US	Mailing Address 672 96TH AVENUE, NORTH NAPLES, FL 34108 US	



04172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0402980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCKIE, SHERRY B 672 96TH AVENUE, NORTH NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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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

Sherry B. McKie

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

(NOTE: Registered Agent signature required when reinstating)

000000724518

05/02/07 80113 016 50.00

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKIE, ARNOLD L 672 96TH AVENUE, NORTH NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKIE, SHERRY B 672 96TH AVENUE, NORTH NAPLES, FL 34108
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DO NOT WRITE 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:

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

Sherry B. McKie

4/17/07

Date

Daytime Phone #

339-597-9992