

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 029 ****50.00

DOCUMENT # L04000058045

1. Entity Name
CHALLIS PAINTING & DECORATING, LLC



Principal Place of Business
**1582 OSOWAW BLVD
SPRING HILL, FL 34607**

Mailing Address
**1582 OSOWAW BLVD
SPRING HILL, FL 34607**

00000041



2. Principal Place of Business
1118S COMMERCIAL WAY
Suite, Apt. #, etc.

3. Mailing Address
1118S COMMERCIAL WAY
Suite, Apt. #, etc.

07012005 Chg-LLC CR2E083 (10/03)

City & State
BROOKSVILLE FL
Zip
34614 Country
USA

City & State
BROOKSVILLE FL
Zip
34614 Country
USA

4. FEI Number
20-1301278

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COLLINGWOOD, DEBORAH
5276 PALISADE DRIVE
SPRING HILL, FL 34607**

7. Name and Address of New Registered Agent

Name
ROXANE DWORETSKY
Street Address (P.O. Box Number is Not Acceptable)
1118S COMMERCIAL WAY
City
BROOKSVILLE FL Zip Code
34614

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

(NOTE: Registered Agent signature required when reinstating)

1-2-05
DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DWORETSKY, ROXANE
1582 OSOWAW BLVD
SPRING HILL, FL 34607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHALLIS, ROBERT J
1582 OSOWAW BLVD
SPRING HILL, FL 34607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KEELEY, ROBERT
7154 MAPLE DRIVE
SPRING HILL, FL 34607 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1118S COMMERCIAL WAY
BROOKSVILLE FL 34614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1118S COMMERCIAL WAY
BROOKSVILLE FL 34614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Roxane Dworetsky**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-2-05 352-597-7126
Date Daytime Phone #