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Jun 03, 2005 8:00 am
Secretary of State
05-09-2005 90049 002 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058736

1. Entity Name
RICHARD HANSEN PAINTING & WALLPAPERING, LLC

Principal Place of Business	Mailing Address
1345 COSTA DEL SOL DR. PORT ORANGE, FL 32129 US	1345 COSTA DEL SOL DR. PORT ORANGE, FL 32129 US

04132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
302 MEAdows Ct	302 MEAdows Ct
Suite, Apt. #, etc. 143	Suite, Apt. #, etc. 143
City & State DAytonA BEAch	City & State DAytonA Bch. Fl
Zip 32114 Country Fl.	Zip 32114 Country

4. FEI Number 55-0879607 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANSEN, RICHARD
1345 COSTA DEL SOL DR.
PORT ORANGE, FL 32129

7. Name and Address of New Registered Agent

Name: RichARd HANSEN
Street Address (P.O. Box Number is Not Acceptable): 302 MEAdows Ct. #143
City: DAytonA Bch. FL Zip Code 32114

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HANSEN, RICHARD 1345 COSTA DEL SOL DR. PORT ORANGE, FL 32129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: [signature] RicHARd HANSEN 5/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #