

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059394

Entity Name: WELL PAINTED, LLC

FILED
Apr 13, 2008
Secretary of State

Current Principal Place of Business:

220 ALEXANDRIA PLACE DRIVE
APOPKA, FL 32712

New Principal Place of Business:

244 ALEXANDRIA PLACE DRIVE
APOPKA, FL 32712

Current Mailing Address:

220 ALEXANDRIA PLACE DRIVE
APOPKA, FL 32712

New Mailing Address:

P. O. BOX 906
APOPKA, FL 32704

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABREU, JOHNNY
220 ALEXANDRIA PLACE DRIVE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

ABREU, JOHNNY
244 ALEXANDRIA PLACE DRIVE
APOPKA, FL 32712 US

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:

04/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ABREU, JOHNNY
Address: 220 ALEXANDRIA PLACE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: CABA, CRISTINA
Address: 220 ALEXANDRIA PLACE DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ABREU, JOHNNY
Address: 244 ALEXANDRIA PLACE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM (X) Change () Addition
Name: CABA, CRISTINA
Address: 244 ALEXANDRIA PLACE DRIVE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify 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: JOHNNY ABREU

MGRM

04/13/2008

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