

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000060943

1. Entity Name
ROBERT O. ADAMS PAINTING LLC



Principal Place of Business
8606 WAKULLA SPRINGS ROAD
TALLAHASSEE, FL 32305

Mailing Address
8606 WAKULLA SPRINGS ROAD
TALLAHASSEE, FL 32305

BK

FILED
05 JUL 25 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

8606 Wakulla Springs Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
32305

Country

Leon

Zip

Country

07112005 Chg-LLC CR2E083 (10/03)

4. FEI Number

591733541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ROBERT O
8606 WAKULLA SPRINGS ROAD
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert O. Adams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-05

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ADAMS, ROBERT O
STREET ADDRESS 8606 WAKULLA SPRINGS ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE MGRM ☐ Delete
NAME ADAMS, TEDDY R
STREET ADDRESS 8606 WAKULLA SPRINGS ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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07/27/05--01043--016 ***50.00

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:

Robert O. Adams

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

Date

Daytime Phone #

7-14-05