2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90035 033 ****50.00

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1. Entity Name
LAMASTUS PAINTING LLC

Principal Place of Business	Mailing Address
7710 PINEAPPLE LANE PORT RICHEY, FL 34668	408 ORANGE ST. PALM HARBOR, FL 34683

04132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
408 Orange St.	P.O. Box 550
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Ozona, FL
Zip: 34683 Country: USA	Zip: 34660 Country: USA

4. FEI Number: 20-1547599 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORMAN, LAWRENCE L 408 ORANGE ST. PALM HARBOR, FL 34683	Name: Norman, Lawrence L. Street Address (P.O. Box Number is Not Acceptable): 580 Bay St. P.O. Box 550 City: Ozona FL Zip Code: 34660

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] LAWRENCE L. NORMAN/MANAGING MEMBER 4/25/05
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	MGR NORMAN, LAWRENCE L 8137 GOLDEN BEAR LOOP PORT RICHEY, FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Norman, Lawrence L. 580 Bay St. Palm Harbor, FL. 34683	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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] LAWRENCE L. NORMAN MANAGING MEMBER 4/25/05 (727) 457-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #