

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90103 004 ***138.75

DOCUMENT # L04000062227

1. Entity Name

FIVE STAR PAINTING OF SW FLORIDA, LLC



Principal Place of Business

25488 COCKSHELL DR. #702
BONITA SPRINGS FL 34135
US

Mailing Address

25488 COCKSHELL DR. #702
BONITA SPRINGS FL 34135
US



2. Principal Place of Business - No P.O. Box #

25488 COCKSHELL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

03-6389474

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MERCURIO, ANTHONY
3676 MCCOMB LANE
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

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

25488 COCKSHELL DR. #702

BONITA SPRINGS FL

City

FL 34135

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 fee payor

(NOTE: Registered Agent Signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MERCURIO, ANTHONY
STREET ADDRESS 25488 COCKLE SHELL DR.
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]

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

Date

Daytime Phone #