

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90092 027 \*\*\*\*55.00

**DOCUMENT # L04000063989**

1. Entity Name  
**TINA'S PROFESSIONAL PAINTING LLC**



Principal Place of Business  
**5503 HWY 393  
CRESTVIEW, FL 32539**

Mailing Address  
**5503 HWY 393  
CRESTVIEW, FL 32539**

**40103787**



2. Principal Place of Business

3. Mailing Address

**5503 Hwy 393**

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09012006 Chg-LLC CR2E083 (11/05)

City & State

City & State

**crestview FL**

**FL**

Zip **32539**

Country

**OKALOOSA**

Zip

Country

4. FEI Number

**20-1553103**

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

**HORAK, TINA  
5503 HWY 393  
CRESTVIEW, FL 32539**

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

*Tina M. Horak*

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 September 6, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HORAK, TINA  
5503 HWY 393  
CRESTVIEW, FL 32539**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Tina M. Horak*

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

**9-8-06**

Date

Daytime Phone #

**850**

**865-0123**