2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064478 1. Entity Name WILLIAM R SUTTON PAINTING LLC :							OS JUL TALLAHASS	20 PM	2.5			
Principal Place of Business Mailing Address 7906 MCCLURE DR 7906 MCCLURE DR TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312					NY		~ 5. 11 11 11 11 11 11 11	EE, FLORI ORI 	75- 04 111 111 111	11 1		
2. Principal Place of Business			3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-LLC	CR2E08	3 (10/03)			
City & State			City & State				er - 05497	31		plied For t Applicable		
Zip	Country		Zip	Count		5. Certificate of Status Desired Spee Required Fee Required						
	6. Name	and Address of Curren	t Registered Agent	Istered Agent Name			7. Name and Address of New Registered Agent					
SUTTON, 7906 MCC TALLAHAS	LURE DR			5			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 a										and accept		
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	s \$50.00 nber 7, 2005	it and itse it applicable. (NC)	E: Hegistere	a Agent Signature required	when reinstating)		DATE ke check pay a Departmen					
9.		MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS	/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7906 MC	WILLIAM R CLURE DR SSEE, FL 32312	☐ Delete						Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			!	☐ Change	Addition		
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TITLE NAME STREET ADDRESS CITY-SI-ZIP					1			1	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	E Et address -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: SIGNATURE:												