


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90149 023 \*\*\*\*50.00

DOCUMENT # L04000067330					
<b>1. Entity Name</b> DOROTHY GORDON PAINTING LLC					
Principal Place of Business 11 SHORT LN. QUINCY, FL 32351			Mailing Address 11 SHORT LN. QUINCY, FL 32351		
<b>2. Principal Place of Business</b> 75 Short Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> 75 Short Lane Suite, Apt. #, etc.			
City & State Quincy Fla		City & State Quincy Fla		<b>4. FEI Number</b> 270103094	
Zip 32351		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GORDON, DOROTHY 11 SHORT LN. QUINCY, FL 32351			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE <u><i>Dorothy M. Sh</i></u> DATE <u>8/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to:</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GORDON, DOROTHY 11 SHORT LN. QUINCY, FL 32351		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u><i>Dorothy M. Sh</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>8/5/05</u> (850) 212-4858 <small>Date Daytime Phone #</small>		