

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90040 025 \*\*\*\*55.00

DOCUMENT # **L040000 67330**

1. Entity Name

**Dorothy Gordon Painting LLC**



**DO NOT WRITE IN THIS SPACE**

✓ **20043068**

2. Principal Place of Business

**75 Short Ln.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E083B (8/05)

City & State

**Quincy Fla**

City & State

4. FEI Number

**270103094**

Applied For

Not Applicable

Zip

**32351**

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Dorothy Gordon**

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

**75 Short Lane**

City

**Quincy**

FL

Zip Code

**32351**

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

**Dorothy Marie Gordon**

**May 1, 2006**

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Manager  
Barry Karell Davis  
108 Hart Rd.  
Quincy FL 32351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Manager  
Dorothy Marie Gordon  
75 Short Ln.  
Quincy FL 32351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

**Dorothy Marie Gordon**

**May 1, 2006 (850) 212-4858**

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

Date

Daytime Phone #