

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90069 002 \*\*\*138.75

DOCUMENT # L04000068755

1. Entity Name  
TOWN & COUNTRY COMMERCIAL PAINTERS LLC



Principal Place of Business  
~~5213 3RD STREET~~  
ZEPHYRHILLS, FL 33542

Mailing Address  
~~5213 3RD STREET~~  
ZEPHYRHILLS, FL 33542

2. Principal Place of Business - No P.O. Box #  
39326 6TH AV.

3. Mailing Address  
39326 6TH AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ZEPHYRHILLS, FL.

City & State  
ZEPHYRHILLS, FL.

Zip  
33542

Country  
PASCO

Zip  
33542

Country  
PASCO

01212008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LEMCKE, RAYMOND  
~~5213 3RD STREET~~ 39326 6TH AV.  
ZEPHYRHILLS, FL 33542

## 7. Name and Address of New Registered Agent

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

*Raymond E. Lemcke*

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

(NOTE: Registered Agent signature required when reinstating)

1/21/08

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 LEMCKE, RAYMOND  
STREET ADDRESS ~~5213 3RD STREET~~ 39326 6TH AV.  
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 39326 6TH AV.  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Raymond E. Lemcke*

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

1/21/08

DATE

513-788-6837

DAYTIME PHONE #