

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # L04000073207

1. Entity Name

DONALD BENNETT PAINTING L.L.C.



02-02-2005 90152 040 \*\*\*\*50.00

07-25-2005 90042 001 \*\*\*\*50.00

Principal Place of Business  
283 S. HEATHWOOD DR.  
MARCO ISLAND FL 34145

Mailing Address  
P.O. BOX 991  
MARCO ISLAND FL 34146



2. Principal Place of Business

3. Mailing Address

1st MOORE

CR2E083 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

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

BENNETT, DONALD  
283 S. HEATHWOOD DR.  
MARCO ISLAND FL 34145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BENNETT, DONALD  
PO BOX 991  
MARCO ISLAND FL 34146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
m6RM  
Bennett, Georgie  
283. S. Heathwood DR.  
MARCO IS FL 34145 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
m6R.  
michelle L. Carpenter.  
283. S. Heathwood DR.  
MARCO IS FL. 34145. ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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TITLE  
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☐ Change ☐ Addition

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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 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:

*DONALD BENNETT* *Donald Bennett* 7-18-05

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

Date

Daytime Phone #