

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90285 024 ****50.00

DOCUMENT # L04000074347

1. Entity Name

BILL BOLDMAN PAINTING AND DRYWALL REPAIR, LLC



Principal Place of Business

14380 NOTTINGHAM WAY CIRCLE
ORLANDO FL 32828
US

Mailing Address

14380 NOTTINGHAM WAY CIRCLE
ORLANDO FL 32828
US

2. Principal Place of Business

1920 W PEARSON ST

Suite, Apt. #, etc.

3. Mailing Address

1920 W PEARSON ST

Suite, Apt. #, etc.

City & State

HERNANDO FL

Zip
34442

Country
U.S.

City & State

HERNANDO FL

Zip
34442

Country
U.S.

4. FEI Number

1254800

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLDMAN, BILLY
14380 NOTTINGHAM WAY CIRCLE
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

BOLDMAN BILLY

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

1920 W PEARSON ST

City

HERNANDO

FL

Zip Code

34442

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

Billy Boldman

MGR

2-2-05

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

TITLE MGR ☐ Delete
NAME BOLDMAN, BILLY
STREET ADDRESS 14380 NOTTINGHAM WAY CIRCLE
CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1920 W PEARSON ST
CITY-ST-ZIP HERNANDO FL 34442

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

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

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

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

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

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:

Billy Boldman

BILLY BOLDMAN

2-2-05

407-563-3946

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

Date

Daytime Phone #