FILED
Jun 21, 2007 8:00 am
Secretary of State
05-22-2007 90178 004 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000075828

1. Entity Name
TAMMY AYCOCK PAINTING, LLC.

300110...

Principal Place of Business	Mailing Address
21909 BELGRADE AVE PANAMA CITY BEACH, FL 32413 US	21909 BELGRADE AVE PANAMA CITY BEACH, FL 32413 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7119 Sunset Ave	7119 Sunset Ave.
Suite, Apt. #, etc.: Panama City Beach	Suite, Apt. #, etc.: Panama City Beach
City & State: Florida	City & State: Florida, Bay
Zip: 32408 Country: Bay, USA	Zip: 32408 Country: U.S.A.

05172007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 38-3717009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SUTTON, MICHAEL A
21909 BELGRADE AVE.
PANAMA CITY BEACH, FL 32413

7. Name and Address of New Registered Agent
Name: Michael Sutton
Street Address (P.O. Box Number is Not Acceptable): 7119 Sunset
P.C.B.
City: Panama City Beach FL Zip Code: 32408

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: Michael A. Sutton — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) June 8 2007 DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AYCOCK, TAMMY B 21909 BELGRADE AVE. PANAMA CITY BEACH, FL 32413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTON, MICHAEL A 21909 BELGRADE AVE PANAMA CITY BEACH, FL 32413	OK ~~Delete~~	TITLE NAME STREET ADDRESS 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Tammy Brown Aycock June 8, 2007 850-249-8725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #