


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000075856</b> 1. Entity Name <b>KENNETH WRIGHT PAINTING CONTRACTORS LLC</b>			
Principal Place of Business <b>8724 MINNOW CREEK DRIVE TALLAHASSEE, FL 32312</b>		Mailing Address <b>8724 MINNOW CREEK DRIVE TALLAHASSEE, FL 32312</b>	
2. Principal Place of Business <b>5017 Withers Hill Rd</b>		3. Mailing Address <b>5017 Withers Hill Rd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tallahassee</b>		City & State <b>Fla,</b>	
Zip <b>32312</b>		Zip <b>32312</b>	
Country <b>Leon</b>		Country 	
6. Name and Address of Current Registered Agent  <b>WRIGHT, KENNETH 5017 WITHERS HILL ROAD TALLAHASSEE, FL 32312</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM WRIGHT, KENNETH 5017 WITHERS HILL ROAD TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Kenneth Wright</b>		<b>5/3/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

**FILED**

2006 MAY -3 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05032006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

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

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05/16/06--01040--001 \*\*50.00