

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90248 038 ****50.00

DOCUMENT # L04000076170	
1. Entity Name AL'S PAINTING SERVICE, LLC	

Principal Place of Business 148 OLIVER DR WEWAHITCHKA FL 32465 US	Mailing Address P.O. BOX 55 WEWAHITCHKA FL 32465 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/06)

4. FEI Number 02-0732190		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent STRANGE, ALFRED T 148 OLIVER DR WEWAHITCHKA FL 32465		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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM STRANGE, ALFRED T 148 OLIVER DR WEWAHITCHKA FL 32465 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM Crutehfield, Frederick L 148 oliver dr Wewahitchka FL 32465 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM BRASWELL, DENNIS W 136 OLIVE DR WEWAHITCHKA FL 32465 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM SMITH, GERALD 247 WINNIE ST WEWAHITCHKA FL 32465 ☒ 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
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 Section 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: _____

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

3-24-07

Date

Daytime Phone #